

No. W 116472		Due no later than Aug 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. IDAHO GERIATRIC CARE MANAGER, PLLC KRISTEN ELLISEN HYDE 7349 ZENITH LN STAR ID 83669		KRISTEN HYDE 7349 ZENITH LN STAR ID 83669			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	KRISTEN ELLISEN HYDE	7349 ZENITH LANE	STAR	ID	USA	83669	
5. Organized Under the Laws of: ID W 116472		6. Annual Report must be signed.* Signature: Kristen Hyde Name (type or print): Kristen Hyde Date: 06/18/2014 Title: President					
Processed 06/18/2014		* Electronically provided signatures are accepted as original signatures.					