No. **W 94860**	**Due no later than Jul 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.** WENDY CARE PLLC WENDY ILENE KINCAID 724 S 1000 E DRIGGS ID 83422	WENDY ILENE GOLGERT 724 S 1000 E DRIGGS ID 83422 3. New 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	WENDY ILENE KINCAID	724 S 1000 E	DRIGGS	ID	USA	83422

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 94860**	Signature: Wendy Kincaid Name (type or print): Wendy Kincaid	Date: 06/09/2014 Title: Owner

Processed 06/09/2014

* Electronically provided signatures are accepted as original signatures.