No. W 131657			Due no later than Dec 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. LOANCARE, LLC APRIL L JOHNSON 601 RIVERSIDE AVENUE JACKSONVILLE FL 32204			C T CORPORATION SYSTEM			
				BC	921 S ORCHARD ST STE G BOISE 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter N	Names and Addresses of	f at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	/	State	Country	Postal Code
MANAGER	NAGER GENE D. RO		3637 SENTARA WAY	VIR	GINIA BEACH	VA	USA	23452
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
VA		Signature: Gene I	Signature: Gene D. Ross		Date: 12/17/2014			
W 131657		Name (type or pr	Name (type or print): Gene D. Ross		Title: Manager			
Processed 12/17/2014 * Electronically provided signatures are accepted as original signatures.								