

No. W 94495		Due no later than Jun 30, 2014		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		Annual Report Form		PETER C SISSON 605 E HIGHLAND VIEW DR BOISE ID 83702			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		CARE MANAGEMENT TEAM, LLC (THE) PETER C SISSON 605 E HIGHLAND VIEW DR BOISE ID 83702 USA					
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	PETER C SISSON	605 E HIGHLAND VIEW DR	BOISE	ID	USA	83702	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 94495		Signature: Peter C. Sisson			Date: 06/25/2014		
		Name (type or print): Peter C. Sisson			Title: Manager		
Processed 06/25/2014		* Electronically provided signatures are accepted as original signatures.					