

No. C 124009		Due no later than May 31, 2015 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. CARE SOURCE, INC. MISTY POKORNEY 55 S MIDLAND BLVD NAMPA ID 83651 USA		DOUGLAS YARBROUGH 55 S MIDLAND BLVD NAMPA ID 83651			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	ELIZA ALVAREZ	28795 OLD HIGHWAY 30	CALDWELL	ID	USA	83607	
DIRECTOR	AMY JENNINGS	837 W KINGHORN BDR.	NAMPA	ID	USA	83651	
DIRECTOR	JUNE ROBERTSON	11792 HENSEN	NAMPA	ID	USA	83651	
TREASURER	CHIRON MORGAN	86 S INVERNESS DR	NAMPA	ID	USA	83651	
SECRETARY	MISTY POKORNEY	1317 HELENA DR APT # 1	CALDWELL	ID	USA	83605	
DIRECTOR	LAURA CREECH	3017 BANNONCK AVE	NAMPA	ID	USA	83686	
DIRECTOR	ELLEN FRETZ	1405 ELDORAN DR	NAMPA	ID	USA	83651	
5. Organized Under the Laws of: ID C 124009		6. Annual Report must be signed.* Signature: Misty Pokorney Name (type or print): Misty Pokorney					
		Date: 07/25/2015 Title: Secretary					
Processed 07/25/2015		* Electronically provided signatures are accepted as original signatures.					