

No. C 204591		Due no later than Jan 31, 2016 <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1. Mailing Address: Correct in this box if needed.  BESTLIFE CARE, INC. BESTLIFE CARE, INC. 410 YELLOWSTONE 209 POCATELLO ID 83201		ROBERT DELOACH 525 POOLE AVE POCATELLO ID 83201			
						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	
PRESIDENT	ROBERT V DELOACH	525 POOLE AVE.	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:  <b>ID</b> <b>C 204591</b>		6. Annual Report must be signed.*  Signature: Robert Deloach Name (type or print): Robert Deloach  Date: 11/27/2015 Title: President					
Processed 11/27/2015 * Electronically provided signatures are accepted as original signatures.							