

No. C 204591		Due no later than Jan 31, 2016		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 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: ID C 204591		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.					