No. <b>C 132647</b>	Due no later than Feb 29, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	BART O LARSEN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  QUALICARE, INC. BART O LARSEN 3539 BRIAR CREEK STE A IDAHO FALLS ID 83406	3539 BRIAR CREEK STE A IDAHO FALLS ID 83406  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					
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 BART O LA	RSEN 3539 BRIAR CREEK STE A	IDAHO FALLS	ID	USA	83406
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Bart O Larsen	Date: 12/29/2015			
C 132647	Name (type or print): Bart O Larsen	Title: President			
Processed 12/29/2015	* Electronically provided signatures are accepted as original signatures.				