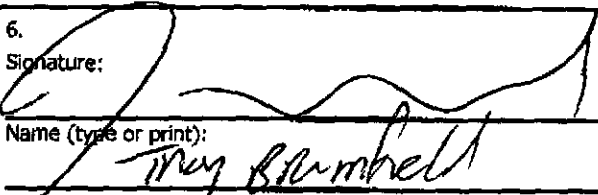


No. W 106615	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) TROY BRUMFIELD 2725 CHANNING WAY IDAHO FALLS ID 83404
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. COMMUNITY CARE POCATELLO, P.L.L.C. 2725 CHANNING WAY IDAHO FALLS ID 83404		3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Community Care, P.L.L.C 2725 Channing Way, Idaho Falls, ID 83404		
Manager <input type="checkbox"/> Member <input type="checkbox"/>	D & J Eddie, Inc. 997 Patriot St. Pocatello, ID 83202		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 106615 </div>	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature:  Name (type or print): Troy Brumfield </div> <div style="width: 35%;"> Date: 12/23/14 Title: member </div> </div>		
Issued 12/23/2014 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM