

No. W 94495		Due no later than Jun 30, 2018 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		1. Mailing Address: Correct in this box if needed. CARE MANAGEMENT TEAM, LLC (THE) MARK FULLER 2596 N STOKESBERRY PL STE 180 MERIDIAN ID 83646		MARK FULLER 2596 N STOKESBERRY PL #180 MERIDIAN ID 83646			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JESSICA FULLER	Street or PO Address 2596 N. STOKESBERRY PL.		City MERIDIAN	State ID	Country USA	Postal Code 83646
5. Organized Under the Laws of: ID W 94495		6. Annual Report must be signed.* Signature: Jessica Fuller Name (type or print): Jessica Fuller Date: 05/09/2018 Title: Marketing/Operations Director					
Processed 05/09/2018 * Electronically provided signatures are accepted as original signatures.							