No. C 107539		Due no later than Sep 30, 2016		2. Registered Ag	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. UPPER COUNTRY ELDERCARE COALITION, INC. KATHRYN WERT C/O SC, 355 S JENNIFER CAMBRIDGE ID 83610		2976 COVE R	CAROL TOOTHMAN 2976 COVE RD CAMBRIDGE ID 83610			
				3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Enter Na	mes and Busin	ess Addresses (of President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	BARBARA ERTEL		3054 GOODRICH	CAMBRIDGE	ID	USA	83610	
PRESIDENT	KATHRYN WERT		P O BOX 272	CAMBRIDGE	ID	USA	83672	
SECRETARY	CAROL TOOTHMAN		2976 COVE ROAD	CAMBRIDGE	ID	USA	83610	
DIRECTOR	JACK COBURN		2267 WAITE RD	MIDVALE	ID	USA	83645	
VICE PRESIDENT	DEBBIE MAXWELL		2448 COUNCIL-CUPRUM RD	COUNCIL	ID	USA	83612	
DIRECTOR	JERI BEMIS		P O BOX 188	CAMBRIDGE	ID	USA	83610	
DIRECTOR	DORIS WAKEFIELD		3355 FARM TO MARKET RD	MIDVALE	ID	USA	83645	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: (Date: 08/12/2016				
C 107539		Name (type or print): Carol Toothman			Title: Secretary			
Processed 08/12/2016 * Electronically provided signatures are accepted as original signatures.								