

No. W 4644	Due no later than Sep 30, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SCOTT COMMUNITY CARE, PLLC WILLIAM K SCOTT 507 OREGON ST DEARY ID 83823	MELANIE J SCOTT 507 OREGON ST DEARY ID 83823-0307			
		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	MELANIE J SCOTT	507 OREGON ST	DEARY	ID	83823
5. Organized Under the Laws of: ID W 4644	6. Annual Report must be signed.* Signature: Wm. Keith Scott Name (type or print): Wm. Keith Scott		Date: 07/29/2016 Title: Treasurer		
Processed 07/29/2016		* Electronically provided signatures are accepted as original signatures.			