

No. W 123864	Due no later than Apr 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. FAMILY HOME CARE LLC JEFF T WIBERG PO BOX 130 LIBERTY LAKE WA 99019 USA		DAWN E POTTS 803 S JEFFERSON STE 3 MOSCOW ID 83843			
			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
MANAGER	JEFFREY T WIBERG	23403 E MISSION AVE STE 215 SUITE B	LIBERTY LAKE	WA	USA	99019
5. Organized Under the Laws of: WA W 123864		6. Annual Report must be signed.* Signature: Jeffrey Wiberg Name (type or print): Jeffrey Wiberg Date: 03/20/2018 Title: CEO				
Processed 03/20/2018		* Electronically provided signatures are accepted as original signatures.				