

|                                                                                                                                                        |             |                                                                                                                                                     |       |                                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 175142</b>                                                                                                                                    |             | Due no later than Dec 31, 2017                                                                                                                      |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |             | <b>1. Mailing Address: Correct in this box if needed.</b><br>GOCAREFINDER LLC<br>KELLY JEAN MATTSON YOUNG<br>5798 N LILYBROOK WAY<br>BOISE ID 83713 |       | KELLY JEAN MATTSON YOUNG<br>5798 N LILYBROOK WAY<br>BOISE ID 83713 |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                                     |       | 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                                                                                                                                                 | KELLY YOUNG | 5798 N. LILYBROOK WAY                                                                                                                               | BOISE | ID                                                                 | USA     | 83713       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 175142</b>                                                                                          |             | 6. Annual Report must be signed.*<br>Signature: Kelly young<br>Name (type or print): Kelly young<br>Date: 11/06/2017<br>Title: Ms.                  |       |                                                                    |         |             |  |
| Processed 11/06/2017                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                           |       |                                                                    |         |             |  |