No. W 69527		Due	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Due no later than Dec 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. VERILYCARE, LLC FREDERICK SONNENBERG 1060 FELTON CREEK ROAD TROY ID 83871		1060 FELT TROY ID	FREDERICK G SONNENBERG 1060 FELTON CREEK RD TROY ID 83871 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses	of at least one Member or Manager					
Office Held	Name	nes and radiceses	Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	FREDERICK SONNENBERG ALETA SONNENBERG		1060 FELTON CREEK ROAD 1060 FELTON CREEK ROAD	TROY TROY	ID ID	USA	83871-9635 83871-9635	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Frederick			Date: 11/30/2016			
W 69527		Name (type or print): Frederick		Title: Manager				
Processed 11/30/2016		* Electronically prov	vided signatures are accepted as original	signatures.				