

No. <b>W 41516</b>		<b>Due no later than Jul 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  QUALITY QUAD CARE LLC. BRIDGETTE PRESNELL 429 HARMONY HEIGHTS LOOP OROFINO ID 83544		BRIDGETTE PRESNELL 429 HARMONY HEIGHTS LOOP OROFINO ID 83544			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name ALVIN ZIERLEIN	Street or PO Address 429 HARMONY HEIGHTS LOOP		City OROFINO	State ID	Country USA	Postal Code 83544
5. Organized Under the Laws of:  <b>ID</b> <b>W 41516</b>		6. Annual Report must be signed.*  Signature: Bridgette Presnell Name (type or print): Bridgette Presnell  Date: 06/06/2016 Title: Agent					
Processed 06/06/2016 * Electronically provided signatures are accepted as original signatures.							