No. **C 206011**	**Due no later than May 31, 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.** KOOTENAI HEALTH AND HOME CARE OF IDAHO, INC. 2005 IRONWOOD PARKWAY #227 COEUR D ALENE ID 83814-2465	LYNN E LAVAGNINO 507 E 16TH AVENUE POST FALLS ID 83854-9112 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	LYNN E LAVAGNINO	507 E 16TH AVE	POST FALLS	ID	USA	83854
SECRETARY	LYNN E LAVAGNINO	507 E 16TH AVE	POST FALLS	ID	USA	83854
PRESIDENT	LYNN E LAVAGNINO	507 E 16TH AVE	POST FALLS	ID	USA	83854

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 206011**	Signature: Lynn Lavagnino	Date: 05/04/2018
	Name (type or print): Lynn Lavagnino	Title: President

Processed 05/04/2018

* Electronically provided signatures are accepted as original signatures.