

No. <b>W 61993</b>		<b>Due no later than Apr 30, 2012</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  TREASURE VALLEY HOSPICE, LLC CLARK E. LIMB 8 6TH ST NORTH STE 200 NAMPA ID 83687		ALLAN R BOSCH 205 N 10TH ST 4TH FL BOISE ID 83702 USA	
				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	CLARK E LIMB	22965 CONRAD CT	MIDDLETON	ID	USA 83644
5. Organized Under the Laws of:  <b>ID W 61993</b>		6. Annual Report must be signed.* Signature: Clark E. Limb Name (type or print): Clark E. Limb Date: 02/08/2012 Title: Member/Owner			
Processed 02/08/2012		* Electronically provided signatures are accepted as original signatures.			