No. C 169001		Due no later than Sep 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JESSICA SALGUERO 223 E AMITY AVE NAMPA ID 83686 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JOURNEY JESSICA 223 E AM NAMPA	1. Mailing Address: Correct in this box if needed. JOURNEYS HOSPICE, INC JESSICA VELASQUEZ 223 E AMITY AVE NAMPA ID 83686					
NO FILING FEE IF RECEIVED BY DUE DATI		USA					
200 00 10		es of President, Secretary, and Directors. Treasu	rer (optional).				
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT JESS	ICA VELASQUEZ	223 E AMITY	NAMPA	ID	USA	83686	
5. Organized Under the Laws of	: 6. Annual R	6. Annual Report must be signed.*					
ID	Signatur	Signature: Dean Hummer		Date: 07/30/2015			
C 169001	Name (ty	Name (type or print): Dean Hummer		Title: Administrator			
Processed 07/30/2015	* Electronica	* Electronically provided signatures are accepted as original signatures.					