No. **W 51687**	**Due no later than Jun 30, 2017** **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.** DON'S HOME CARE, LLC DONALD H CHALFANT 920 N. GARDEN ST. BOISE ID 83706	DONALD CHALFANT 920 N. GARDEN ST. BOISE ID 83706 3. New 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
MANAGER	DONALD CHALFANT	920 N GARDEN ST.	BOISE	ID		83706

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 51687**	Signature: Don Chalfant	Date: 07/14/2017
	Name (type or print): Don Chalfant	Title: owner

Processed 07/14/2017

* Electronically provided signatures are accepted as original signatures.