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|--|------------------------|--|----------------|--|----------------|--|--|
| No. <b>C 70847</b>   |                        | <b>Due no later than Sep 30, 2007</b><br><b>Annual Report Form</b>   |                | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |                |  |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                        | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>HOSPICE OF SALMON VALLEY, INC.<br>SONJA ANDERSON<br>506 VAN DREFF ST<br>SALMON ID 83467 |                | FRANCES CRAWSHAW<br>506 VAN DREFF<br>SALMON ID 83467 |                |  |  |
|  |                        |  |                |  |                | 3. <u>New</u> Registered Agent Signature:* |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).  |                        |  |                |  |                |  |  |
| Office Held<br>DIRECTOR  | Name<br>SONJA ANDERSON | Street or PO Address<br>506 VAN DREFF  | City<br>SALMON | State<br>ID  | Country<br>USA | Postal Code<br>83467                       |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>C 70847</b>   |                        | 6. Annual Report must be signed.*<br><br>Signature: Sonja Anderson<br>Name (type or print): Sonja Anderson<br><br>Date: 10/10/2007<br>Title: Director    |                |  |                |  |  |
| Processed 10/10/2007 * Electronically provided signatures are accepted as original signatures.   |                        |  |                |  |                |  |  |