No. W 131285		Due no later than Nov 30, 2016			2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			CINDY M STICE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. AHC HOME HEALTH OF KANSAS CITY LLC CINDY M STICE 215 N WHITLEY DRIVE STE 3 FRUITLAND ID 83619 215 N WHITLEY DRIVE STE 3 FRUITLAND ID 83619 3. New Registered Agent Signature:*							
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Companies	s: Enter Nar	mes and Addresses	s of at least one Member or Manager.						
Office Held N	lame		Street or PO Address	City		State	Country	Postal Code	
MANAGER D	AVID W N	ATTRESS	215 N. WHITLEY DRIVE STE 3	FRUI	ΓLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Sara Jackson			Date: 09/30/2016				
W 131285		Name (type or print): Sara Jackson			Title: Admin Assistant				
Processed 09/30/2016 * Electronically provided signatures are accepted as original signatures.									