| No. C 131327 | | Due no later than Nov 30, 2016 | | | | PO BOX) |
|--|-----------|--|--|--|---------|-------------|
| Return to: | | Annual Report Form | Significant program and the pr | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. MULTI-CARE HOME HEALTH SERVICES, INC. ROBIN R WALLIS 4000 MULDOON PL BOISE ID 83713 | BOISE ID | 4000 MULDOON PL BOISE ID 83713 3. New Registered Agent Signature:* | | |
| NO FILIN RECEIVED BY | OUE DATE | ess Addresses of President, Secretary, and Directors. Treasure | r (optional) | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
| SECRETARY | MARY L WA | LLIS 4000 MULDOON PL | BOISE | ID | USA | 83713 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID | | Signature: ROBIN R. WALLIS | Date: 09/27/2016 | | | |
| C 131327 | | Name (type or print): ROBIN R. WALLIS | Title: PRESIDENT | | | |
| Processed 09/27/201 | 16 | * Electronically provided signatures are accepted as original signal | gnatures. | | | |