

No. W 107588		Due no later than Oct 31, 2014 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		1. Mailing Address: Correct in this box if needed. AVALON HOSPICE, LLC JAKE BRYAN 403 FIRST ST IDAHO FALLS ID 83401		JAKE BRYAN 403 FIRST ST IDAHO FALLS 83401			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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	
MEMBER	RAYMOND JOHN PUCCINELLI JR	403 1ST	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: ID W 107588		6. Annual Report must be signed.* Signature: Raymond Puccinelli Jr Name (type or print): Raymond Puccinelli Jr					
		Date: 10/27/2014 Title: member					
Processed 10/27/2014 * Electronically provided signatures are accepted as original signatures.							