No. W 67991		Due no later than Oct 31, 2008		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. AUBURN CREST HOSPICE, LLC PO BOX 1176 MERIDIAN ID 83680		RICHARD MALM 2626 N GLIDDEN ST UNIT A POST FALLS ID 83854 3. New Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held Nam	ne		Street or PO Address	City	State	Country	Postal Code
MANAGER SYNERGY HEALTHCARE HOLD			3751 N CLOVERDALE RD	BOISE	ID	USA	83713
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 67991		Signature: Richard Malm		Date: 08/19/2008			
		Name (type or print):	Title: Member				
Processed 08/19/2008	* Electronically provided signatures are accepted as original signatures.						