No. <b>W 87803</b>		Due no later than Oct 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ALIGN HOSPICE, LLC  JULIA K DAVIS  2512 N. STOKESBERRY LANE 101  MERIDIAN ID 83646  USA		JULIA K DAVIS 2371 APGAR CREEK MERIDIAN ID 83646  3. New Registered Agent Signature:*			
4. Limited Liability Companie	es: Enter Nai						
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER	WILLAIM R	DAVIS	2512 N. STOKESBERRY LANE 101	MERIDIAN	ID	USA	83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 87803		Signature: Julia A Davis		Date: 09/18/2014			
		Name (type or print): Julia A Davis		Title: Owner			
* Electronically provided signatures are accepted as original signatures.							