

No. W 73787		Due no later than Apr 30, 2011		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. A-1 HOME HEALTH CARE LLC TAMMIE M CASTEEL 6014 W RANDOLPH BOISE ID 83709 USA		CHRIS CASTEEL 6014 W RANDOLPH BOISE ID 83709		
				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	KAYLEEN ZUPKOW	3704 CATALINA	BOISE	ID	USA	83705
MEMBER	JULIE SCHLAMP	704 11TH AVENUE NORTH	PAYETTE	ID	USA	83661
MEMBER	SHANNON BASCOM	P.O. BOX 1488	MCCALL	ID	USA	83638
MEMBER	EMSADA LE	8331 W MORNING MIST CT	BOISE	ID	USA	83709
MEMBER	CHRISTA COMEGYS	1113 PHILLIPPI	B	ID	USA	83709
MEMBER	MIRELA NGUYEN	8595 WEST EVENING STAR	BOISE	ID	USA	83709
MEMBER	JOHN MCGRAW	2784 EAST RED CEDAR LANE APT #102	BOISE	ID	USA	83716
MEMBER	SANDY SEIDL	5107 OVERLAND	BOISE	ID	USA	83709
MEMBER	DONALD MURRAY	3396 GEKELER LANE	BOISE	ID	USA	83706
MEMBER	BAHAR SHAMS	12935 WEST FERNLEAF	BOISE	ID	USA	83713
MEMBER	SAIDA SHAMS	12935 WEST FERNLEAF	BOISE	ID	USA	83713
MEMBER	CHRIS K CASTEEL	6014 WEST RANDOLPH	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID W 73787		6. Annual Report must be signed.* Signature: Tammie Casteel Name (type or print): Tammie Casteel Date: 05/04/2011 Title: Manager/Member				
Processed 05/04/2011		* Electronically provided signatures are accepted as original signatures.				