

No. C 111870		Due no later than Aug 31, 2010		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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. HOSPICE VISIONS, INC. TAMALA SLATTER 209 SHOUP AVE W TWIN FALLS ID 83301		TAMALA D SLATTER 209 SHOUP AVE W TWIN FALLS ID 83301					
				3. <u>New</u> Registered Agent Signature:*					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).									
Office Held	Name	Street or PO Address	City	State	Country	Postal Code			
DIRECTOR	TAMALA SLATTER	209 SHOUP AVE W	TWIN FALLS	ID	USA	83301			
SECRETARY	NINA KAREL	3896 N 1500 E	BUHL	ID	USA	83316			
TREASURER	JAY BRIDE	3228 HIGHLAWN DRIVE	TWIN FALLS	ID	USA	83301			
PRESIDENT	RICHARD HAMMOND	650 ADDISON AVE W	TWIN FALLS	ID	USA	83301			
5. Organized Under the Laws of: ID C 111870		6. Annual Report must be signed.* Signature: Tamala Slatter Name (type or print): Tamala Slatter Date: 07/01/2010 Title: Executive Director							
Processed 07/01/2010		* Electronically provided signatures are accepted as original signatures.							