No. W 112083		Due no later than Mar 31, 2018		2. Registered Ag	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. SUNDANCE SERVICES HOMECARE LLC ESTHER R OWEN PO BOX 790 GRANGEVILLE ID 83530 USA		800 W MAIN S	UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702 3. New Registered Agent Signature:*			
				3. New Registers				
				J. <u>New</u> Registers				
4. Limited Liability Companies:	: Enter Nar	mes and Addres	ses of at least one Member or Manager.					
Office Held Na	ame		Street or PO Address	City	State	Country	Postal Code	
MEMBER ES	ESTHER R OWEN		710 NW 5TH ST	GRANGEVILLE	ID	USA	83530	
MANAGER ES	STHER R (OWEN	710 NW 5TH ST	GRANGEVILLE	ID	USA	83530	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Esther R Owen Date: 02/08/2018						
W 112083		Name (type or print): Esther R Owen Title: Member/Manager						
Processed 02/08/2018 * Electronically provided signatures are accepted as original signatures.								