

No. W 150459		Due no later than Apr 30, 2016 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		1. Mailing Address: Correct in this box if needed. ALL CARE PALLIATIVE CARE, LLC 815 S BRIDGEWAY PL STE 122 EAGLE ID 83616		ANGELA HILLESHIEM 815 S BRIDGEWAY PL STE 122 EAGLE ID 83616			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ANGELA HILLESHIEM	Street or PO Address 815 S. BRIDGEWAY PL. SUITE 122		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of: ID W 150459		6. Annual Report must be signed.* Signature: Angela Hilleshiem Name (type or print): Angela Hilleshiem Date: 03/30/2016 Title: Owner					
Processed 03/30/2016 * Electronically provided signatures are accepted as original signatures.							