

No. C 169001		Due no later than Sep 30, 2014		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. JOURNEYS HOSPICE, INC JESSICA VELASQUEZ 223 E AMITY AVE NAMPA ID 83686 USA		JESSICA SALGUERO 223 E AMITY AVE NAMPA ID 83686					
				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			
PRESIDENT	JESSICA VELASQUEZ	223 E AMITY	NAMPA	ID	USA	83686			
5. Organized Under the Laws of: ID C 169001		6. Annual Report must be signed.* Signature: Jessica Velasquez Name (type or print): Jessica Velasquez							
		Date: 07/17/2014 Title: President							
Processed 07/17/2014		* Electronically provided signatures are accepted as original signatures.							