

No. W 70366	Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010		2. Registered Agent and Office (NOT A P.O. BOX) CINDY DEAN 4273 E SPEARFISH DR MERIDIAN ID 83646																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. HOSPICE AND PALLIATIVE CARE NURSING CONSULTANTS, LLC 4273 E SPEARFISH DR MERIDIAN ID 83646		3. New Registered Agent Signature.																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td></td> <td>Elizabeth A. Dean</td> <td>4273 E. Spearfish</td> <td>Meridian</td> <td>ID</td> <td></td> <td>83646</td> </tr> <tr> <td></td> <td>Cindy Dean</td> <td>Saa</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code		Elizabeth A. Dean	4273 E. Spearfish	Meridian	ID		83646		Cindy Dean	Saa				
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5. Organized Under the Laws of: IDAHO W 70366		6. <table border="1"> <tr> <td>Signature: <i>Cindy Dean</i></td> <td>Date: <i>050710</i></td> </tr> <tr> <td>Name (type or print): <i>Cindy Dean</i></td> <td>Title: <i>Agent</i></td> </tr> <tr> <td></td> <td><i>Member</i></td> </tr> </table>			Signature: <i>Cindy Dean</i>	Date: <i>050710</i>	Name (type or print): <i>Cindy Dean</i>	Title: <i>Agent</i>		<i>Member</i>															
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