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| No. W 4429 | | Due no later than Jul 31, 2014 | | 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 | | KARLA JENSEN 1308 E CENTER POCATELLO ID 83201 | | | |
| | | 1. Mailing Address: Correct in this box if needed. HEALTHPRO HOME HEALTH, L.L.C. KARLA JENSEN 1308 E CENTER POCATELLO ID 83201 USA | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | KARLA JENSEN | RT 2 BOX 24 A 5 | POCATELLO | ID | USA | 83202 | |
| 5. Organized Under the Laws of: ID W 4429 | | 6. Annual Report must be signed.* Signature: Karla Jensen Name (type or print): Karla Jensen Date: 05/14/2014 Title: Administrator | | | | | |
| Processed 05/14/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |