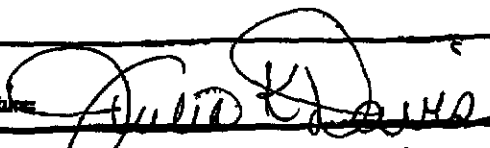


No. W 87803	Reinstatement Annual Report Form ADMIN DISSOLVED 01/06/2011		2. Registered Agent and Office (NOT A P.O. Box) JULIA K DAVIS 940 E CAROL MERIDIAN ID 83646																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ALIGN HOSPICE, LLC 12546 DEADWOOD CT 940E. Carol St. Nampa ID 83651 Meridian, ID 83646		3. <u>New</u> Registered Agent Signature.																					
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"><thead><tr><th>Manager or Member</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 colspan="7">Manager Member (circle one)</td></tr><tr><td>Manager</td><td>Julia K. Davis</td><td>940E. Carol St.</td><td>Meridian, ID</td><td></td><td></td><td>83646</td></tr></tbody></table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)							Manager	Julia K. Davis	940E. Carol St.	Meridian, ID		
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																		
Manager Member (circle one)																								
Manager	Julia K. Davis	940E. Carol St.	Meridian, ID			83646																		
5. Organized Under the Laws of: IDAHO W 87803		6. Signature:  Name (type or print): Julia K. Davis		Date: 5/2/2011 Title: Manager																				
Issued 05/02/2011 by DKS																								