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 ~~12545 DEADWOOD CT~~ 940E. Carol St. ~~NAMPA ID 83651~~ Meridian, ID 83646	3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

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:	6.
IDAHO W 87803	Signature: Julia K. Davis Date: 5/2/2011 Name (type or print): Julia K. Davis Title: Manager

Issued 05/02/2011 by DKI