

No. <b>W 41083</b>		<b>Due no later than Jul 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  UTAH HOME HEALTH AND HOSPICE, LLC ROBERT COLLETTE PO BOX 3881 IDAHO FALLS ID 83403		ROBERT COLLETTE 3470 WASHINGTON PKWY IDAHO FALLS ID 83404			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ROBERT COLLETTE	Street or PO Address 3470 WASHINGTON PKWY		City IDAHO FALLS	State ID	Country USA	Postal Code 83404
5. Organized Under the Laws of:  <b>ID</b> <b>W 41083</b>		6. Annual Report must be signed.*  Signature: Robert Collette Name (type or print): Robert Collette  Date: 05/09/2012 Title: Manager					
Processed 05/09/2012 * Electronically provided signatures are accepted as original signatures.							