No. W 164808		Due no later than Apr 30, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. AUBURN CREST HOME HEALTH, LLC PO BOX 1176 MERIDIAN ID 83680		2	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					JASON FLETCHER 4334 N BRIGHT ANGEL AVE MERIDIAN ID 83713-8371 3. New Registered Agent Signature:*			
		 mes and Addresses of at I	least one Member or Manager.					
Office Held N	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER S	SYNERGY HE.	ALTHCARE HOLDINGS, L	4334 N BRIGHT ANGEL AVE		MERIDIAN	ID	USA	83646
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Mark Ellison			Date: 03/09/2017			
W 164808		Name (type or print): Mark Ellison			Title: Authorized Person			
Processed 03/09/2017 * Electronically provided signatures are accepted as original signatures.								