No. W 107588 Return to:		Due no later than Oct 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX) JAKE BRYAN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. AVALON HOSPICE, LLC JAKE BRYAN 403 FIRST ST IDAHO FALLS ID 83401		403 FIRST ST IDAHO FALLS ID 83401 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies:	Enter Nar	mes and Addresses of at	least one Member or Manager.					
Office Held Nan	ne		Street or PO Address		City	State	Country	Postal Code
MEMBER RAY	MOND J	OHN PUCCINELLIJR	403 1ST		IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Raymond John Puccinelli Jr			Date: 10/14/2013			
W 107588		Name (type or print): Raymond John Puccinelli Jr			Title: Member			
rocessed 10/14/2013 * Electronically provided signatures are accepted as original signatures.								