

No. C 96069		Due no later than Aug 31, 2015		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		Annual Report Form		JUDITH L MARTIN 2005 IRONWOOD PKWY STE 227 COEUR D'ALENE ID 83814-2647			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		AUGUST HOME HEALTH, INC. LYNN E LAVAGNINO 2005 IRONWOOD PARKWAY 227 COEUR D'ALENE ID 83814-2647 USA					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	LYNN E LAVAGNINO	507 E. 16TH AVE	POST FALLS	ID	USA	83854	
SECRETARY	LYNN E LAVAGNINO	507 E. 16TH AVE	POST FALLS	ID	USA	83854	
DIRECTOR	LYNN E LAVAGNINO	507 E. 16TH AVE	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 96069		Signature: Lynn Lavagnino			Date: 07/09/2015		
		Name (type or print): Lynn Lavagnino			Title: President		
Processed 07/09/2015		* Electronically provided signatures are accepted as original signatures.					