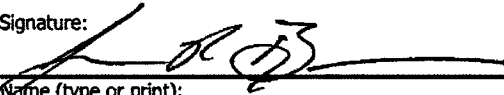


No. <b>C 98600</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/25/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JACOB RAYMOND BRYAN 403 1ST ST IDAHO FALLS ID 83401-1090														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> HEARTHSIDE HOME HEALTH AGENCY, INC. JAKE BRYAN 403 1ST ST IDAHO FALLS ID 83401		3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Jacob R. Bryan</td> <td>403 1ST ST</td> <td>IDAHO FALLS,</td> <td>ID</td> <td>U.S.</td> <td>83401</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Jacob R. Bryan	403 1ST ST	IDAHO FALLS,	ID	U.S.	83401
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Jacob R. Bryan	403 1ST ST	IDAHO FALLS,	ID	U.S.	83401											
5. Organized Under the Laws of:  <b>IDAHO</b> <b>C 98600</b>		6. Signature:  Date: <u>02/9/16</u> Name (type or print): <u>JACOB R. BRYAN</u> Title: <u>PRESIDENT</u>															

Issued 02/09/2016 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**