| No. W 173344 | | Due no later than Oct 31, 2017 Annual Report Form | | 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 | | 1. Mailing Address: Correct in this PRAIRIE HOME CARE LLC 514 THAIN RD LEWISTON ID 83501 | | LINDA K WEISS 514 THAIN RD LEWISTON ID 83501-8350 3. New Registered Agent Signature:* | | | |
| RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | mes and Addresses of at least one Membe | r or Manager | | | | |
| Office Held | Name | Street or PO Ad | | City | State | Country | Postal Code |
| MEMBER LINDA K WE | | EISS 514 | | LEWISTON | ID | USA | 83501 |
| 5. Organized Under the Laws of: ID W 173344 | | 6. Annual Report must be signed.* Signature: Linda Weiss Name (type or print): Linda Weiss | Date: 10/05/2017 Title: Agent | | | | |
| Processed 10/05/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |