No. C 112257		CHARLES AND TOTAL CONTROL OF THE CON		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHEALTH HOME CARE, INC. CINDY M STICE 215 N WHITLEY STE 3 FRUITLAND ID 83619		215 N WHITL FRUITLAND	CINDY M STICE 215 N WHITLEY STE 3 FRUITLAND ID 83619 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Business		acc Addrasses of	President, Secretary, and Directors. Treas	curer (ontional)				
Office Held	Name	icas Addi Casca di	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DAVE W NA	ATTRESS	215 N WHITLEY DRIVE SUITE 3	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
110		Signature: sara bonfiglio		Date	Date: 08/21/2018			
C 112257		Name (type or print): sara bonfiglio		Title	Title: admin assistant			
Processed 08/21/2018	* Electronically provided signatures are accepted as original signatures.							