

No. C 168263	Due no later than Aug 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 RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HEARTS INDEPENDENT ELDER CARE INC. SHERRI L AREY 2574 S. SUMPTER WAY BOISE ID 83709	SHERRI L AREY 2574 S. SUMPTER WAY BOISE ID 83709	
		3. <u>New</u> Registered Agent Signature:*	
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	SHERRI L AREY	2574 S. SUMPTER WAY	BOISE ID USA 83709
5. Organized Under the Laws of: ID C 168263	6. Annual Report must be signed.* Signature: Sherri L Arey Name (type or print): Sherri L Arey		Date: 06/30/2017 Title: President
Processed 06/30/2017		* Electronically provided signatures are accepted as original signatures.	