

No. <b>W 84461</b>		<b>Due no later than Jun 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  ADVANCED HOME HEALTH AND HOSPICE, LLC CHERYL ABEL PO BOX 12269 PORTLAND OR 97212		ANNA HAYNES 2110 NIAGRA ST IDAHO FALLS ID 83404			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name JAMES ADAMSON	Street or PO Address PO BOX 12269		City PORTLAND	State OR	Country USA	Postal Code 97212
5. Organized Under the Laws of:  <b>ID</b> <b>W 84461</b>		6. Annual Report must be signed.*  Signature: James Adamson Name (type or print): James Adamson  Date: 04/28/2017 Title: Manager					
Processed 04/28/2017 * Electronically provided signatures are accepted as original signatures.							