

No. <b>W 126119</b>		<b>Due no later than Jun 30, 2015</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>  ACCESS CARE AT HOME, LLC MICHELLE WOOD 10825 SERVICE CREEK RD CATALDO ID 83810		MICHELLE WOOD 10825 SERVICE CREEK RD CATALDO ID 83810			
<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 MICHELLE D WOOD	Street or PO Address 10825 SERVICE CREEK RD		City CATALDO	State ID	Country USA	Postal Code 83810
5. Organized Under the Laws of:  <b>ID</b> <b>W 126119</b>		6. Annual Report must be signed.*  Signature: Michelle Wood Name (type or print): Michelle Wood  Date: 04/22/2015 Title: Managing Member					
Processed 04/22/2015 * Electronically provided signatures are accepted as original signatures.							