

No. W 87803	Reinstatement Annual Report Form ADMIN DISSOLVED 01/25/2016		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ALIGN HOSPICE, LLC JULIA K DAVIS 2512 N. STOKESBERRY LANE 101 MERIDIAN ID 83646 USA		JULIA K DAVIS 2371 APGAR CREEK MERIDIAN ID 83646																																			
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>Julia K Davis</i></td> <td></td> <td></td> <td></td> <td></td> <td><i>2371 W. Appa Creek, Meridian ID 83646</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Sandra Jensen</i></td> <td></td> <td></td> <td></td> <td></td> <td><i>201 W. Moorhead Ida Grove IA</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Kathie Lee</i></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Julia K Davis</i>					<i>2371 W. Appa Creek, Meridian ID 83646</i>	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Sandra Jensen</i>					<i>201 W. Moorhead Ida Grove IA</i>	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Kathie Lee</i>						Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 87803		6. Signature: <i>Julia K Davis</i> Date: <i>2/23/2016</i> Name (type or print): <i>JULIA K. DAVIS</i> Title: <i>Owner/Manager</i>																																				
Issued 02/23/2016 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct address is not in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected