

No. <b>W 128239</b>		<b>Due no later than Aug 31, 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>  S & G HOSPICE OF IDAHO LLC BRAD STAUFFER 6255 E PARTRIDGE CT AMMON ID 83406		BRAD STAUFFER 6255 E PARTRIDGE CT AMMON ID 83406			
<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 MANAGER	Name BRAD STAUFFER	Street or PO Address 6255 E. PARTRIDGE		City AMMON	State ID	Country USA	Postal Code 83406
5. Organized Under the Laws of:  <b>ID</b> <b>W 128239</b>		6. Annual Report must be signed.*  Signature: Brad Name (type or print): Brad  Date: 08/12/2015 Title: Stauffer					
Processed 08/12/2015      * Electronically provided signatures are accepted as original signatures.							