

No. W 115886		Due no later than Jul 31, 2018		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		Annual Report Form		PAUL JOHNSON 955 GOOBY SANDPOINT ID 83864			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		A.F.S. HOME HEALTH, L.L.C. PAUL JOHNSON 530 PINE ST SANDPOINT ID 83864					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	PAUL JOHNSON	530 PINE ST	SANDPOINT	ID	USA	83836	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 115886		Signature: paul johnson			Date: 06/04/2018		
		Name (type or print): paul johnson			Title: administrator		
Processed 06/04/2018		* Electronically provided signatures are accepted as original signatures.					