

No. W 70366	Due no later than January 31, 2009 Annual Report Form	2. Registered Agent and Office NO PO BOX CINDY DEAN 4273 E SPEARFISH DR MERIDIAN, ID 83646
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HOSPICE AND PALLIATIVE CARE NURSING 4273 E SPEARFISH DR MERIDIAN, ID 83646	3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Managing Member	Elizabeth Dean	4273 E Spearfish Dr	Meridian	ID	83646
member	Cindy Dean	4273 E Spearfish Dr	Meridian	ID	83646

5. Organized Under the Laws of: IDAHO W 70366	<table style="width: 100%;"> <tr> <td style="width: 60%;"> 6. Signature <u>Cindy Dean</u> </td> <td style="width: 40%;"> Date <u>11/14/08</u> </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> <u>Cindy Dean</u> </td> <td> Title <u>Registered Agent member</u> </td> </tr> </table>	6. Signature <u>Cindy Dean</u>	Date <u>11/14/08</u>	Name <small>(Typed or Printed)</small> <u>Cindy Dean</u>	Title <u>Registered Agent member</u>
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