

No. <b>W 41083</b>	<b>Due no later than Jul 31, 2010</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> UTAH HOME HEALTH AND HOSPICE, LLC ROBERT COLLETTE PO BOX 3881 IDAHO FALLS ID 83403		ROBERT COLLETTE 3470 WASHINGTON PKWY IDAHO FALLS ID 83404			
			3. <u>New</u> Registered Agent Signature:*			
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	ROBERT COLLETTE	3470 WASHINGTON PKWY	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:  <b>ID W 41083</b>	6. Annual Report must be signed.* Signature: Robert Collette Name (type or print): Robert Collette		Date: 08/06/2010 Title: Manager			
Processed 08/06/2010		* Electronically provided signatures are accepted as original signatures.				