

No. W 93911		Due no later than Jun 30, 2012		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		ROSS M BOWEN 325 S WOODRUFF, STE 1 IDAHO FALLS ID 83401			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		TETON HOME HEALTH, LLC JAKE BRYAN PO BOX 6393 NORTH LOGAN UT 84341 USA					
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	
MEMBER	RAYMOND J. PUCCINELLI, JR.	403 1ST STREET	IDAHO FALLS	ID	USA	83401	
MEMBER	JACOB R. BRYAN	403 1ST STREET	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 93911		Signature: Jacob R. Bryan			Date: 06/20/2012		
		Name (type or print): Jacob R. Bryan			Title: Owner/Member		
Processed 06/20/2012		* Electronically provided signatures are accepted as original signatures.					