

No. W 78110		Due no later than Oct 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BOISE MEMORIAL HOSPICE LLC LAURIE K CAMPBELL 600 E STATE ST STE 300 EAGLE ID 83616		LAURIE K CAMPBELL 600 E. STATE ST., SUITE 300 EAGLE ID 83616			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	LAURIE K CAMPBELL	1023 PIMLICO DR.	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID W 78110		6. Annual Report must be signed.* Signature: Laurie K. Campbell Name (type or print): Laurie K. Campbell					
		Date: 08/11/2009 Title: Owner/Director					
Processed 08/11/2009 * Electronically provided signatures are accepted as original signatures.							