

No. W 87712		Due no later than Oct 31, 2018 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. HERITAGE HOME HEALTH LLC DANNY FRASURE 1009 W QUINN RD POCATELLO ID 83202		DANNY FRASURE 1009 W QUINN RD POCATELLO ID 83202			
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	
MANAGER	DANNY FRASURE	140 NORTH UNION AVE. SUITE F350	FARMINGTON	UT	USA	84025	
MEMBER	TROY BELL	3022 SHELLY PLACE	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of: ID W 87712		6. Annual Report must be signed.* Signature: Danny Frasure Name (type or print): Danny Frasure Date: 08/29/2018 Title: President and CEO					
Processed 08/29/2018 * Electronically provided signatures are accepted as original signatures.							