No. C 166032		Due no later than Mar 31, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. NITA HOME HEALTH, INC. NITA R. PICCIONI 8908 W. STEVE ST. BOISE ID 83714		NITA R PICCIONI 8908 W. STEVE ST. BOISE ID 83714 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
2001 000 10		ess Addresses of Presid	lent, Secretary, and Directors. Trea	asurer (
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
TREASURER LOU PICCIO		NI	8908 W. STEVE ST.		BOISE	ID	USA	83714
PRESIDENT NITA R. PIC		CCIONI	8908 W. STEVE ST.		BOISE	ID	USA	83714
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Lou Piccioni		Date: 01/20/2017				
C 166032		Name (type or print): Lou Piccioni		Title: Treasurer				
Processed 01/20/2017		* Electronically provide	d signatures are accepted as origin	nal signa	atures.			