

No. W 91581		Due no later than Mar 31, 2016		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 1. Mailing Address: Correct in this box if needed. ZIONS IN-HOME HEALTH CARE LLC SANDY D SULLIVAN 12317 WEST GREGORY BOISE ID 83709		SANDY SEIDL 12317 WEST GREGORY BOISE ID 83709		
				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	DUSTIN R JEFFERS	12317 WEST GREGORY	BOISE	ID	USA	83709
MEMBER	TAMMIE CASTEEL	12317 WEST GREGORY	BOISE	ID	USA	83709
MEMBER	SANDY SULLIVAN	6410 KIRKWOOD	BOISE	ID	USA	83709
MEMBER	MUNTHA NASER	1015 N RIVIERA DR	BOISE	ID	USA	83703
MEMBER	MHOMAMAD MOHAMMADI	5846 NORTHVIEW CIR	BOISE	ID	USA	83704
MEMBER	AHMAD NIMUTULLAH	612 W FRANKLIN STREET APT #2	BOISE	ID	USA	83702
MEMBER	VICOTIA BEYDER	455 NORTH AVENUE H	BOISE	ID	USA	83712
MEMBER	LAYTH ATI	3394 S HOLDEN AVE	BOISE	ID	USA	83706
MEMBER	REBECCA DRINKWINE	1124 10TH AVENUE S	NAMPA	ID	USA	83651
MEMBER	ADRAA ABDULWAHAB	9205 W. LITTLEWOOD DR	BOISE	ID	USA	83709
MEMBER	ISRAA AL RUBAYE	3137 S APPLE STREET	BOISE	ID	USA	83706
MEMBER	RANA DAWOOD	9571 W SHELBORNE	BOISE	ID	USA	83709
MEMBER	AWATEF HASSAN	1077 N ALLUMBAUGH DR	BOISE	ID	USA	08304
MEMBER	STACY HOPKINS	720 S JOHNS APT 27A	EMMETT	ID	USA	83618
5. Organized Under the Laws of: ID W 91581		6. Annual Report must be signed.* Signature: Sandy Name (type or print): Sandy Date: 04/30/2016 Title: Sullivan				
Processed 04/30/2016		* Electronically provided signatures are accepted as original signatures.				