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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|---------|------------------|--|
| No. <b>W 142668</b>                                                                                                                                    |                 | <b>Due no later than Sep 30, 2018</b>                                                                                                               |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>WEST COAST HOME HEALTH LLC<br>ROBERT COLLETTE<br>5238 S 11TH E<br>IDAHO FALLS ID 83404 |             | ROBERT COLLETTE<br>5238 S 11TH E<br>IDAHO FALLS ID 83404 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                     |             | 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                                                                                                                                                 | ROBERT COLLETTE | 5238 S 11TH E                                                                                                                                       | IDAHO FALLS | ID                                                       | USA     | 83404            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                   |             |                                                          |         |                  |  |
| <b>ID<br/>W 142668</b>                                                                                                                                 |                 | Signature: ROBERT COLLETTE                                                                                                                          |             |                                                          |         | Date: 07/31/2018 |  |
|                                                                                                                                                        |                 | Name (type or print): ROBERT COLLETTE                                                                                                               |             |                                                          |         | Title: MEMBER    |  |
| Processed 07/31/2018                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                           |             |                                                          |         |                  |  |