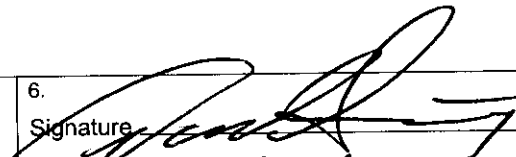


No. W 11204	Due no later than Feb 28, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX DAVID ARMSTRONG 500 RIVERVIEW DR BOISE, ID 83712																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable BEST CHOICE HOME HEALTH CARE, L.L.C 500 RIVERVIEW DR BOISE, ID 83712	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>Michelle Glenn</td> <td>500 RIVERVIEW DRIVE</td> <td>BOISE</td> <td>IDAHO</td> <td>83712</td> </tr> <tr> <td>MEMBER</td> <td>DAVID ARMSTRONG</td> <td>500 RIVERVIEW DRIVE</td> <td>BOISE</td> <td>IDAHO</td> <td>83712</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	Michelle Glenn	500 RIVERVIEW DRIVE	BOISE	IDAHO	83712	MEMBER	DAVID ARMSTRONG	500 RIVERVIEW DRIVE	BOISE	IDAHO	83712
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MEMBER	DAVID ARMSTRONG	500 RIVERVIEW DRIVE	BOISE	IDAHO	83712															
5. Organized Under the Laws of: IDAHO W 11204	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature  <small>(Typed or Printed)</small> DAVID ARMSTRONG </div> <div style="width: 35%;"> Date 4/29/02 Title MEMBER </div> </div>																			