No. W 129599		Due no later than Sep 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:	Ann	Annual Report Form		SCOTT R SEEDALL			
SECRETARY OF STATE	1. Mailing Addres	1. Mailing Address: Correct in this box if needed. ACHS HOME HEALTH CARE, LLC C/O SEEDALL LAW OFFICE PC PO BOX 3179		1192 S 52ND E IDAHO FALLS 83401			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	C/O SEEDALL LAW C						
	IDAHO FALLS ID 83	IDAHO FALLS ID 83403		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 RICHARD NEBEKER		C/O SEEDALL LAW OFFICE PC PO BOX 3179	IDAHO FALLS	ID	USA	83403	
5. Organized Under the Laws of: 6. Annual Rep		eport must be signed.*					
ID	Signature: Scott See	Signature: Scott Seedall		Date: 11/04/2014			
W 129599	Name (type or print)	Name (type or print): Scott Seedall		Title: Attorney			
Processed 11/04/2014	* Electronically provided	* Electronically provided signatures are accepted as original signatures.					