No. W 153431		Due no later than Jun 30, 2018		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			B ROBB REDFORD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ROCKY MOUNTAIN PCS, LLC ROCKY MOUNTAIN HOME HEALTH AND HOSPICE, PLLC 1797 STARLITE ST POCATELLO ID 83201		1797 STARLITE ST POCATELLO ID 83201 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nar	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER RALENE L REDFOR		EDFORD	1797 STARLITE ST	POCATELLO	ID	USA	83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: B. I		Date: 05/10/2018				
W 153431		Name (type or		Title: Owner				
Processed 05/10/2018 * Electronically provided signatures are accepted as original signatures.								