No. <b>W 93911</b>		Due no later than Jun 30, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Add TETON HOME HE JAKE BRYAN 403 1ST ST	Annual Report Form  1. Mailing Address: Correct in this box if needed.  TETON HOME HEALTH, LLC  JAKE BRYAN		ROSS M BOWEN 403 1ST ST IDAHO FALLS ID 83401  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER JAKE		403 1ST ST 403 1ST STREET	IDAHO FALLS IDAHOFALLS	ID ID	USA USA	83401 83401	
5. Organized Under the Laws of:	6. Annual Report m	Annual Report must be signed.*					
ID ID	Signature: Jake	Signature: Jake R. Bryan		Date: 05/05/2014			
W 93911	Name (type or p	Name (type or print): Jake R. Bryan		Title: President, Owner			
Processed 05/05/2014	* Electronically prov	* Electronically provided signatures are accepted as original signatures.					