

No. C 166032		Due no later than Mar 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
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 needed. NITA HOME HEALTH, INC. NITA R. PICCIONI 4989 EAGLE LANDING CT EAGLE ID 83616 USA		NITA R PICCIONI 4989 EAGLE LANDING CT EAGLE ID 83616			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).						3. <u>New</u> Registered Agent Signature:*	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
TREASURER	LOU PICCIONI	4989 EAGLE LANDING CT.	EAGLE	ID	USA	83616	
PRESIDENT	NITA R. PICCIONI	4989 EAGLE LANDING CT.	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID C 166032		6. Annual Report must be signed.* Signature: Nita Piccioni Name (type or print): Nita Piccioni					
Processed 01/17/2013		Date: 01/17/2013 Title: President * Electronically provided signatures are accepted as original signatures.					