No. **W 66227**	**Due no later than Aug 31, 2016** **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.** AHC HOME HEALTH OF ARIZONA, LLC CINDY M STICE 215 N WHITLEY DR STE 3 FRUITLAND ID 83619	CINDY M STICE 215 N WHITLEY DR STE 3 FRUITLAND ID 83619 3. New Registered Agent Signature:*

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	DAVID W NATTRESS	215 N WHITLEY DRIVE STE 3	FRUITLAND	ID		83619

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 66227**	Signature: Sara Jackson	Date: 06/21/2016
	Name (type or print): Sara Jackson	Title: Admin Assistant

Processed 06/21/2016

* Electronically provided signatures are accepted as original signatures.