

No. C 133442		Due no later than Apr 30, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOSPICE OF EASTERN IDAHO, INC. NEDRA WEBSTER 1810 MORAN ST IDAHO FALLS ID 83401		CELESTE ELD 1486 SAGE CIRCLE BLACKFOOT ID 83221		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	DIANE SHELDON	3785 SHADOW MOUNTAIN TRAIL	IDAHO FALLS	ID	USA	83404
SECRETARY	CYNTHIA S. BILLINGTON	PO BOX 1132	BLACKFOOT	ID	USA	83221
PRESIDENT	CELESTE ELD	1486 SAGE CIRCLE	BLACKFOOT	ID	USA	83221
DIRECTOR	CAROL ORMOND	197 N. PLACER	IDAHO FALLS	ID	USA	83402
DIRECTOR	DIANE KEY	2510 W ELDORADO	IDAHO FALLS	ID	USA	83402
TREASURER	NICK BURROWS	PO BOX 52026	IDAHO FALLS	ID	USA	83405
VICE PRESIDENT	PETE PLANCHON	2931 BALBOA DR	IDAHO FALLS	ID	USA	83404
DIRECTOR	MICHAEL LOVE	1955 SAGE HEN LANE	AMMON	ID	USA	83406
5. Organized Under the Laws of: ID C 133442		6. Annual Report must be signed.* Signature: Celeste Eld Name (type or print): Celeste Eld Date: 04/18/2016 Title: Executive Director				
Processed 04/18/2016		* Electronically provided signatures are accepted as original signatures.				