No. W 49909		Due no later than Apr 30, 2014		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALLIANCE HOME HEALTH OF IDAHO, LLC JUSTIN L LARSEN 545 WEST 465 N STE 100 PROVIDENCE UT 84332		19456 S YOXA DOWNEY ID	TERESA DIXON 19456 S YOXALL RD DOWNEY ID 83234 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of at least one Member or Manager.						
Office Held Name		mes and made esses of	Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER			150 W 280 N 545 WEST 465 N STE 100	PROVIDENCE PROVIDENCE	ர ர	USA USA	84332 84332	
5. Organized Under the Laws of: 6		6. Annual Report must be signed.*						
ID W 49909		Signature: Justin Larsen			Date: 05/14/2014			
		Name (type or print): Justin Larsen			Title: Owner			
Processed 05/14/2014	lo .	* Electronically provi	ded signatures are accepted as origina	l signatures.				