No. **C 132375**	**Due no later than Feb 28, 2009** **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.** FIRST CHOICE HOME CARE & HOSPICE, INC. DEBRA L GATES 147 MAIN AVE E TWIN FALLS ID 83301 USA	DEBRA L GATES 147 MAIN AVE E TWIN FALLS ID 83301 3. New 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
PRESIDENT	DEBRA L. GATES	147 MAIN AVE. E	TWIN FALLS	ID	USA	83301
SECRETARY	DARLA RAIRIGH	147 MAIN AVE E	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 132375**	Signature: Debra L. Gates	Date: 12/10/2008
	Name (type or print): Debra L. Gates	Title: President

Processed 12/10/2008

* Electronically provided signatures are accepted as original signatures.