No. C 132375		Due no later than Feb 29, 2012		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		DEBRA L GATES				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		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		147 MAIN AVE E TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
RECEIVED B		USA	f President, Secretary, and Directors. Tre	acuror (antional)			
Office Held	Name	ess Addresses 0	Street or PO Address	asurer (City	State	Country	Postal Code
PRESIDENT	DEBRA L. G	ATES	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: 02/28/2012			
		Name (type or print): Debra L. Gates			Title: President			
Processed 02/28/20	12	* Electronically	provided signatures are accepted as origi	inal signa	atures.			