

No. <b>W 51304</b>		<b>Due no later than Jun 30, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ACCENT HOSPICE CARE, LLC CORY CASTAGNETO 1857 S MILLENNIUM WAY STE 100 MERIDIAN ID 83642		CORY CASTAGNETO 1857 S MILLENNIUM WAY STE 100 MERIDIAN ID 83642			
				3. <u>New</u> 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	C&C HOLDINGS LLC	3211 KELLEN CIRCLE	NAMPA	ID	USA	83686	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 51304</b>		Signature: Cory Castagneto				Date: 05/27/2016	
		Name (type or print): Cory Castagneto				Title: member	
Processed 05/27/2016		* Electronically provided signatures are accepted as original signatures.					