

No. <b>W 128239</b>		<b>Due no later than Aug 31, 2014</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>  S & G HOSPICE OF IDAHO LLC BRAD STAUFFER 6255 E PARTRIDGE CT AMMON ID 83406		BRAD STAUFFER 6255 E PARTRIDGE CT AMMON ID 83406			
				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	BRAD STAUFFER	6255 E. PARTRIDGE	AMMON	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID</b> <b>W 128239</b>		Signature: Brad				Date: 06/23/2014	
		Name (type or print): Brad				Title: Stauffer	
Processed 06/23/2014		* Electronically provided signatures are accepted as original signatures.					