

No. W 128239	Due no later than Aug 31, 2014 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. 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: ID W 128239	6. Annual Report must be signed.* Signature: Brad Name (type or print): Brad Date: 06/23/2014 Title: Stauffer				
Processed 06/23/2014		* Electronically provided signatures are accepted as original signatures.			