

No. <b>W 4429</b>		<b>Due no later than Jul 31, 2018</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>		KARLA JENSEN 2785 BANNOCK HWY POCATELLO ID 83204-3607	
		<b>1. Mailing Address: Correct in this box if needed.</b> HEALTHPRO HOME HEALTH, L.L.C. KARLA JENSEN 2785 BANNOCK HWY POCATELLO ID 83204-3607		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
MEMBER	KARLA JENSEN	RT 2 BOX 29	POCATELLO	ID	83202
5. Organized Under the Laws of:  <b>ID W 4429</b>		6. Annual Report must be signed.* Signature: Karla Jensen Name (type or print): Karla Jensen Date: 05/22/2018 Title: Administrator			
Processed 05/22/2018		* Electronically provided signatures are accepted as original signatures.			