

No. W 112551		Due no later than Mar 31, 2016 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		1. Mailing Address: Correct in this box if needed. VISIONS TRANSITIONAL CARE, LLC KELLY SPIERS 1770 PARKVIEW DR TWIN FALLS ID 83301		KELLY SPIERS 1770 PARKVIEW DR TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name GERALD GUNTER	Street or PO Address 1774 PARK VIEW DR		City TWIN FALLS	State ID	Country USA	Postal Code 83301
5. Organized Under the Laws of: ID W 112551		6. Annual Report must be signed.* Signature: Gerald Gunter Name (type or print): Gerald Gunter Date: 03/23/2016 Title: Member					
Processed 03/23/2016 * Electronically provided signatures are accepted as original signatures.							