

No. W 13098		Due no later than Oct 31, 2011 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 HOME HEALTH AND HOME CARE OPTIONS, LLC TAMALA D SLATTER 209 SHOUP AVE W TWIN FALLS ID 83301		TAMALA D SLATTER 209 SHOUP AVE W 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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	TAMALA D SLATTER	1381 TARGHEE DR	TWIN FALLS	ID	USA	83301	
MEMBER	MADLYN R SHEPHERD	3686 N 2710 E	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID W 13098		6. Annual Report must be signed.* Signature: Tamala Slatter Name (type or print): Tamala Slatter					
		Date: 08/10/2011 Title: Administrator					
Processed 08/10/2011 * Electronically provided signatures are accepted as original signatures.							