

No. <b>W 13098</b>		<b>Due no later than Oct 31, 2011</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>		TAMALA D SLATTER 209 SHOUP AVE W TWIN FALLS ID 83301			
		<b>1. Mailing Address: Correct in this box if needed.</b> VISIONS HOME HEALTH AND HOME CARE OPTIONS, LLC TAMALA D SLATTER 209 SHOUP AVE W TWIN FALLS ID 83301		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:		6. Annual Report must be signed.*					
<b>ID W 13098</b>		Signature: Tamala Slatter				Date: 08/10/2011	
		Name (type or print): Tamala Slatter				Title: Administrator	
Processed 08/10/2011		* Electronically provided signatures are accepted as original signatures.					