

No. W 93911	Due no later than Jun 30, 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		ROSS M BOWEN 325 S WOODRUFF, STE 1 IDAHO FALLS ID 83401			
	TETON HOME HEALTH, LLC JAKE BRYAN PO BOX 6393 NORTH LOGAN UT 84341 USA		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	JAKE BRYAN	325 S WOODRUFF, STE 1	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID W 93911		6. Annual Report must be signed.* Signature: Dan Jensen Name (type or print): Dan Jensen Date: 04/15/2011 Title: Accountant				
Processed 04/15/2011		* Electronically provided signatures are accepted as original signatures.				