No. W 21619		Due no later than Dec 31, 2015		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		NOT SHOULD ASSESS TO A STATE OF THE PARTY OF	JUSTIN LARSEN			
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. HOSPICE ALLIANCE OF IDAHO, L.L.C. JANENE ALLRED 440 E CLARK STE-A POCATELLO ID 83201 USA			440 E CLARK STE-A POCATELLO ID 83201			
				3. <u>New</u> Registe	3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compar	nies: Enter Na	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER JUSTIN LAR:		SEN	925 WEST 200 NORTH STE. A6	LOGAN	UT	USA	84321	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Janene Allred		Date	Date: 10/21/2015			
W 21619		Name (type or print): Janene Allred		Title:	Title: Accounts Payable			
Processed 10/21/2015		Electronically provided signatures are accepted as original signatures.						