

No. W 128239		Due no later than Aug 31, 2017 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. S & G HOSPICE OF IDAHO LLC BRAD STAUFFER 6255 E PARTRIDGE CT AMMON ID 83406		BRAD STAUFFER 6255 E PARTRIDGE CT AMMON ID 83406			
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 MANAGER	Name BRAD STAUFFER	Street or PO Address 6255 E. PARTRIDGE		City AMMON	State ID	Country	Postal Code 83406
5. Organized Under the Laws of: ID W 128239		6. Annual Report must be signed.* Signature: Brad Stauffer Name (type or print): Brad Stauffer Date: 06/26/2017 Title: Managing Member					
Processed 06/26/2017 * Electronically provided signatures are accepted as original signatures.							