

No. W 86101		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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. FRIENDS AND FAMILY HOME CARE, LLC LEEANN CAMPBELL 4922 YELLOWSTONE AVE SUITE B CHUBBUCK ID 83202		CAMILLE AGUINAGA 4922 YELLOWSTONE AVE SUITE B CHUBBUCK ID 83202					
				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			
MANAGER	LEEANN CAMPBELL	365 E CHUBBUCK RD, SUITE B	CHUBBUCK	ID	USA	83202			
5. Organized Under the Laws of: ID W 86101		6. Annual Report must be signed.* Signature: LeeAnn Campbell Name (type or print): LeeAnn Campbell							
		Date: 08/11/2017 Title: Manager							
Processed 08/11/2017		* Electronically provided signatures are accepted as original signatures.							