

No. <b>W 157342</b>		<b>Due no later than Oct 31, 2016</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  KEYSTONE HOSPICE, LLC 1159 E IRON EAGLE DR 170 - H EAGLE ID 83616		MARIANNE JENSEN 1159 E IRON EAGLE DR EAGLE ID 83616-8361			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name THOMAS J RICH	Street or PO Address 4635 W. SAGUARO DR.		City EAGLE	State ID	Country USA	Postal Code 83616
5. Organized Under the Laws of:  <b>ID</b> <b>W 157342</b>		6. Annual Report must be signed.*  Signature: Thomas Rich Name (type or print): Thomas Rich  Date: 08/31/2016 Title: VP					
Processed 08/31/2016 * Electronically provided signatures are accepted as original signatures.							