No. C 179503		D	ue no later than Jul 31, 2015	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ACN NURSING SERVICES, INC. WILLIAM F BALLINGER 30721 N OSPREY RD SPIRIT LAKE ID 83869		30721 N OSPI SPIRIT LAKE	WILLIAM F BALLINGER JR 30721 N OSPREY RD SPIRIT LAKE ID 83869 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Rusin		USA	President, Secretary, and Directors. Trea	asurer (ontional)	ontional			
Office Held	Name	icss Addi csses of	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	WILLIAM F	BALLINGER	30721 N OSPREY RD	SPIRIT LAKE	ID	USA	83869	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 179503		Signature: W		Date: 05/26/2015				
		Name (type o		Title: Secretary				
Processed 05/26/2015 * Electronically provided signatures are accepted as original signatures.								