

No. C 133442		Due no later than Apr 30, 2011 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. HOSPICE OF EASTERN IDAHO, INC. NEDRA WEBSTER 1810 MORAN ST IDAHO FALLS ID 83401 USA		RAY PUCCINELLI 5080 SHADOW CREEK DR IDAHO FALLS ID 83401			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JEFFERY SAYER	440 NORTH CAPITAL SUITE A	IDAHO FALLS	ID	USA	83402	
SECRETARY	KEENER EARLE	177 E 49TH S	IDAHO FALLS	ID	USA	83404	
DIRECTOR	DIANE KEY	2510 W ELDORADO	IDAHO FALLS	ID	USA	83402	
TREASURER	MARVIN ELD	810 SONJA AVENUE	IDAHO FALLS	ID	USA	83402	
DIRECTOR	MARY ANNE REYNOLDS	269 LOST TRAIL PLACE	IDAHO FALLS	ID	USA	83404	
DIRECTOR	H. PETE PLANCHON	2931 BALBOA	IDAHO FALLS	ID	USA	83404	
DIRECTOR	TIM THURMAN	933 S UTAH AVE	IDAHO FALLS	ID	USA	83402	
5. Organized Under the Laws of: ID C 133442		6. Annual Report must be signed.* Signature: Jeffery Sayer Name (type or print): Jeffery Sayer					
		Date: 04/05/2011 Title: President					
Processed 04/05/2011 * Electronically provided signatures are accepted as original signatures.							