

No. W 87712		Due no later than Oct 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HERITAGE HOME HEALTH LLC DANNY FRASURE 1009 W QUINN RD POCATELLO ID 83202		DANNY FRASURE 1009 W QUINN RD POCATELLO 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	DANNY FRASURE	2138 RIFLEMAN DR	FARMINGTON	UT	USA	84025	
5. Organized Under the Laws of: ID W 87712		6. Annual Report must be signed.* Signature: Danny Frasure Name (type or print): Danny Frasure Date: 08/25/2014 Title: Managing Partner					
Processed 08/25/2014		* Electronically provided signatures are accepted as original signatures.					