

No. W 87712		Due no later than Oct 31, 2014 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name DANNY FRASURE	Street or PO Address 2138 RIFLEMAN DR		City FARMINGTON	State UT	Country USA	Postal Code 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.							