No. C 120713		Due no later than Aug 31, 2010		2. Registered	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. ALL VALLEY HOME HEALTH CARE, INC. GLEN AMADOR 7456 W STATE BOISE ID 83714		7456 W STA BOISE ID	GERREN RACCA 7456 W STATE BOISE ID 83703 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY RHONDA DA		HM	8104 E CASPIAN DR	NAMPA	ID	USA	83687	
DIRECTOR MARK WASH		HINGTON	321 2ND ST SOUTH, SUITE 102	NAMPA	ID	USA	83651	
PRESIDENT	GLEN AMADOR		7456 W STATE ST	BOISE	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Evie Nunes			Date: 07/09/2010			
C 120713		Name (type or print): Evie Nunes			Title: Bookkeeper			
Processed 07/09/2010		* Electronically provided signatures are accepted as original signatures.						