

No. W 99994	Due no later than Jan 31, 2018 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. AUBURN CREST HOSPICE TREASURE VALLEY, LLC AUBURN CREST PO BOX 1176 MERIDIAN ID 83680	JASON FLETCHER 4334 N BRIGHT ANGEL AVE MERIDIAN ID 83646			
		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	SYNERGY HEALTHCARE HOLDNGS LLC	4334 N BRIGHT ANGEL AVE	MERIDIAN	ID	USA 83646
5. Organized Under the Laws of: ID W 99994	6. Annual Report must be signed.* Signature: Jenna Gordon Name (type or print): Jenna Gordon		Date: 01/24/2018 Title: Controller		
Processed 01/24/2018		* Electronically provided signatures are accepted as original signatures.			