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|--|-------------------|---|------------|--|------------------|-------------|--|
| No. W 42942 | | Due no later than Sep 30, 2012 | | 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 | | DEBORAH G SIMPSON 11675 W HAYDEN AVE POST FALLS ID 83854 | | | |
| | | 1. Mailing Address: Correct in this box if needed. ALPHA IN-HOME CARE, L.L.C. DEBORAH G SIMPSON 11675 W HAYDEN AVE POST FALLS ID 83854 | | 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 | |
| MEMBER | DEBORAH G SIMPSON | 11675 W HAYDEN AVE | POST FALLS | ID | USA | 83854 | |
| MEMBER | CHARLES A SIMPSON | 11675 W HAYDEN AVE | POST FALLS | ID | USA | 83854 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 42942 | | Signature: Charles A Simpson | | | Date: 10/30/2012 | | |
| | | Name (type or print): Charles A Simpson | | | Title: Member | | |
| Processed 10/30/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |