

No. C 70847		Due no later than Sep 30, 2017 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. HOSPICE OF SALMON VALLEY, INC. ANNETTE MANROE 506 VAN DREFF ST SALMON ID 83467 USA		JAMES EARL 506 VAN DREFF ST SALMON ID 83467				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).								
Office Held	Name	Street or PO Address	City	State	Country	Postal Code		
DIRECTOR	ANNETTE MANROE	506 VAN DREFF	SALMON	ID	USA	83467		
5. Organized Under the Laws of: ID C 70847		6. Annual Report must be signed.* Signature: Annette Manroe Name (type or print): Annette Manroe						Date: 08/08/2017 Title: Director
Processed 08/08/2017 * Electronically provided signatures are accepted as original signatures.								