

|  |                   |  |       |  |         |             |  |
|--|-------------------|--|-------|--|---------|-------------|--|
| No. <b>W 116255</b>  |                   | <b>Due no later than Aug 31, 2013</b>  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>OPEN ARMS HOME HEALTH CARE LLC<br>TAMMIE CASTEEL<br>12317 W GREGORY<br>BOISE ID 83709 |       | CHRIS CASTEEL<br>12317 W GREGORY<br>BOISE ID 83709 |         |             |  |
|  |                   |  |       | 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   | CHRIS K CASTEEL   | 12317 WEST GREGORY   | BOISE | ID   | USA     | 83709       |  |
| MEMBER   | TAMMIE M CASRTEEL | 12317 WEST GREGORY   | BOISE | ID   | USA     | 83709       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 116255</b>  |                   | 6. Annual Report must be signed.*<br>Signature: Tammie Casteel<br>Name (type or print): Tammie Casteel<br>Date: 09/19/2013<br>Title: Partner           |       |  |         |             |  |
| Processed 09/19/2013   |                   | * Electronically provided signatures are accepted as original signatures.  |       |  |         |             |  |