

No. <b>W 158702</b>		<b>Due no later than Nov 30, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		ALLYSON EASON 1224 1ST STREET S. #206 NAMPA ID 83651-8365			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		ACE HOME CARE L.L.C. ALLYSON EASON 1224 1ST STREET S. #206 NAMPA ID 83651 USA					
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	DENYA ANDERSON	1224 1ST STREET S. #206	NAMPA	ID	USA	83651	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 158702</b>		Signature: ALLYSON EASON			Date: 10/05/2016		
		Name (type or print): ALLYSON EASON			Title: OWNER		
Processed 10/05/2016		* Electronically provided signatures are accepted as original signatures.					