

No. <b>C 70847</b>	<b>Due no later than Sep 30, 2011</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b> HOSPICE OF SALMON VALLEY, INC. JAMES EARL 506 VAN DREFF ST SALMON ID 83467	JAMES EARL 506 VAN DREFF SALMON ID 83467	
		3. <u>New</u> Registered Agent Signature:*	
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	JAMES EARL	506 VAN DREFF	SALMON ID USA 83467
5. Organized Under the Laws of:  <b>ID C 70847</b>	6. Annual Report must be signed.* Signature: James Earl Name (type or print): James Earl		Date: 07/25/2011 Title: Director
Processed 07/25/2011		* Electronically provided signatures are accepted as original signatures.	