No. C 72440	D	Due no later than Mar 31, 2013		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		GARY L THIETTEN				
SECRETARY OF STATE	1. Mailing /	<b>1. Mailing Address: Correct in this box if needed.</b> IDAHO HOME HEALTH & HOSPICE, INC. GARY L THIETTEN 2138 TUSCANY CREEK WAY DRAPER UT 84020		121 TIGER TAIL DRIVE SAWTOOTH CITY ID 83278				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	GARY L THI							
	DRAPER UT			3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and	Business Addresses of	President, Secretary, and Directors. Treasu	rer (optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
SECRETARY JAN T	HIETTEN	2138 TUSCANY CREEK WAY	DRAPER	ர	USA	84020		
PRESIDENT GARY	L THIETTEN	2138 TUSCANY CREEK WAY	DRAPER	UT	USA	84020		
5. Organized Under the Laws of:	6. Annual Repo	6. Annual Report must be signed.*						
ID	Signature: G	Signature: Gary L. Thietten		Date: 01/29/2013				
C 72440	Name (type	Name (type or print): Gary L. Thietten			Title: President			
Processed 01/29/2013	* Electronically provided signatures are accepted as original signatures.							