No. C 111870		Due no later than Aug 31, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. HOSPICE VISIONS, INC. TAMALA SLATTER 209 SHOUP AVE W TWIN FALLS ID 83301		2. Registered Ag	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				209 SHOUP A TWIN FALLS	TAMALA D SLATTER 209 SHOUP AVE W TWIN FALLS ID 83301 3. New 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	
SECRETARY N TREASURER J	TAMALA SLATTER NINA KAREL JAY BRIDE RICHARD HAMMOND		209 SHOUP AVE W 3896 N 1500 E 3228 HIGHLAWN DRIVE 650 ADDISON AVE W	TWIN FALLS BUHL TWIN FALLS TWIN FALLS	ID ID ID	USA USA USA USA	83301 83316 83301 83301	
5. Organized Under the Laws of:		6. Annual Report m						
ID C 111870		Signature: Tamala Slatter Name (type or print): Tamala Slatter			Date: 06/11/2009 Title: Executive Director			
Processed 06/11/2009 * Electronically provided signatures are accepted as original signatures.								