No. <b>W 187245</b>		Due no later than Aug 31, 2018		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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  REXBURG HOME HEALTH LLC PO BOX 3881 IDAHO FALLS ID 83403		3470 WASHIN IDAHO FALLS	ROBERT COLLETTE 3470 WASHINGTON PKWY IDAHO FALLS ID 83404  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		amos and Addresse	s of at least one Member or Manager					
Office Held	Name	illes and Addresse	Street or PO Address	City	State	Country	Postal Code	
MANAGER	ROBERT CO	DLLETTE	PO BOX 3881	IDAHO FALLS	ID	USA	83403	
5. Organized Under the Laws of:		6. Annual Report Signature: RO		Date: 06/18/2018				
W 187245		Name (type or		Title: MANAGER				
Processed 06/18/2018 * Electronically provided signatures are accepted as original signatures.								