No. C 111870		Due no later than Aug 31, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOSPICE VISIONS, INC. TAMALA SLATTER 1770 PARK VIEW DRIVE TWIN FALLS ID 83301		1770 PARK VI TWIN FALLS	TAMALA D SLATTER 1770 PARK VIEW DRIVE 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 NI TREASURER JA	TAMALA SLATTER NINA KAREL JAY BRIDE RICHARD HAMMOND		1770 PARK VIEW DRIVE 3896 N 1500 E 3228 HIGHLAWN DRIVE 738 N COLLEGE RD STE #C	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 must be signed.*						
ID C 111870		Signature: Tamala Slatter Name (type or print): Tamala Slatter			Date: 06/20/2017 Title: Executive Director			
Processed 06/20/2017 * Electronically provided signatures are accepted as original signatures.								