| No. C 146354 | | Due no later than Nov 30, 2017 | | 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. A PLUS HOME MEDICAL, INC. AARON M HESS 619 S WASHINGTON STREET SUITE 102 MOSCOW ID 83843-3063 | | AARON M HESS 1346 BRISTOL ROAD MOSCOW ID 83843 3. New Registered Agent Signature:* | | | | |
| RECEIVED BY DUE DATE | | ess Addresses of President, Secretary, and Directors. Treasurer | | asurer (| (ontional) | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT VICE PRESIDENT | aaron m h amanda l | | 1346 BRISTOL ROAD 1346 BRISTOL ROAD | | MOSCOW MOSCOW | ID ID | USA USA | 83843 83843 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 146354 | | Signature: Aaron Hess Name (type or print): Aaron Hess | | | Date: 09/20/2017 Title: President | | | |
| Processed 09/20/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |