





## STATE OF IDAHO

Office of the secretary of state, Phil McGrane ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0005811576

Date Filed: 7/8/2024 12:41:16 PM

| Entity Name and Mailing Address:  |        |             |                                 |
|---|--------|-------------|---------------------------------|
| Entity Name:  |        |             | COMPASSIONATE IN-HOME CARE, LLC |
| The file number of this entity on the records of the Idaho Secretary of State is:                           |        |             | 0000561638                      |
| Address   |        |             | 111 W HAYCRAFT AVE              |
|   |        |             | STE B1                          |
|   |        |             | COEUR D ALENE, ID 83815-8104    |
| Entity Details:   |        | _           |                                 |
| Entity Status   |        |             | Active-Existing                 |
| This entity is organized under the laws of:   |        |             | DAHO                            |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was:       |        |             | N185857                         |
| The registered agent on record is:  |        |             |                                 |
| Registered Agent  |        |             | HOLT LAW OFFICE PLLC            |
|   |        |             | Registered Agent                |
|   |        |             | Physical Address                |
|   |        |             | 233 E HARRISON AVE<br>STE B     |
|   |        |             | COEUR D ALENE, ID 83814         |
|   |        |             | Aailing Address                 |
|   |        |             | 233 E HARRISON AVE              |
|   |        |             | STE B                           |
|   |        |             | COEUR D ALENE, ID 83814-3262    |
| Agent or Address Change   |        |             |                                 |
| Select if you are appointing a new agent.   |        |             |                                 |
| Limited Liability Company Managers and M  |        |             |                                 |
| Name  | Title  |             | Business Address                |
| Patrica A Brook   | Member | 411 WE      | EST HAYCRAFT AVE                |
|   |        | B1<br>COEUI | R D ALENE, ID 83815             |
| Travis PARKER   | Member | l l         | HAYCRAFT AVE                    |
|   |        | B1          | R D ALENE, ID 83815             |
|   |        | COEO        | N D ALENE, ID 03013             |
| The second country of the size of the size of the section   |        |             |                                 |
| The annual report must be signed by an authorized signer of the entity.  Job Title: Executive Administrator |        |             |                                 |
| Job Title. Executive Administrate   | '1     |             |                                 |
|   |        |             |                                 |
| Tara McAvoy   |        |             | <i>07/08/2024</i>               |

Sign Here

Date