

FILED EFFECTIVE

No. W 86101	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. FRIENDS AND FAMILY HOME CARE, LLC LEEANN CAMPBELL 4719 YELLOWSTONE #18 <i>4922 Yellowstone Ave, Suite B</i> CHUBBUCK ID 83202

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	LeeAnn Campbell	4922 Yellowstone Ave, Suite B	Chubbuck, Idaho			83202
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:

IDAHO
W 86101

6.

Signature:

LeeAnn Campbell

Name (type or print):

LeeAnn Campbell

Date:

7/11/16

Title:

Manager/owner