

No. C 137810		Due no later than Feb 28, 2009		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		DEBRA L GATES 147 MAIN AVE EAST TWIN FALLS ID 83301			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		FIRST CHOICE HOSPICE ASSISTANCE, INC. DEBRA L. GATES 147 MAIN AVE. E TWIN FALLS ID 83301 USA					
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	
DIRECTOR	DEBRA L. GATES	147 MAIN AVE. E	TWIN FALLS	ID	USA	83301	
DIRECTOR	DARLA RAIRIGH	147 MAIN AVE. E	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 137810		Signature: Debra L. Gates			Date: 12/10/2008		
		Name (type or print): Debra L. Gates			Title: Director		
Processed 12/10/2008		* Electronically provided signatures are accepted as original signatures.					