

No. C 78617		Due no later than May 31, 2011		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 AND PALLIATIVE CARE OF THE WOOD RIVER VALLEY, INC. CAROLYN NYSTROM RN, ED BOX 4320 KETCHUM ID 83340 USA		CAROLYN NYSTROM 507 1ST AVE N KETCHUM ID 83340		
				3. <u>New</u> 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
DIRECTOR	LYNN CAMPION	PO BOX 3710	HAILEY	ID	USA	83340
DIRECTOR	ROGER DEBARD	PO BOX 6926	KETCHUM	ID	USA	83340
SECRETARY	BESTSY RENIERS	PO BOX 6559	KETCHUM	ID	USA	83340
PRESIDENT	JOHN HASKELL	PO BOX 6844	KETCHUM	ID	USA	83340
5. Organized Under the Laws of: ID C 78617		6. Annual Report must be signed.* Signature: Criss Fallowfield Name (type or print): Criss Fallowfield Date: 03/16/2011 Title: Office Manager				
Processed 03/16/2011		* Electronically provided signatures are accepted as original signatures.				