

No. <b>W 21619</b>		<b>Due no later than Dec 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		JUSTIN LARSEN 920 DEON STE C POCATELLO ID 83201			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		HOSPICE ALLIANCE OF IDAHO, L.L.C. JUSTIN LARSEN 920 DEON STE C POCATELLO ID 83201 USA					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	JUSTIN LARSEN	925 WEST 200 NORTH STE. A6	LOGAN	UT	USA	84321	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 21619</b>		Signature: Justin Larsen			Date: 01/23/2017		
		Name (type or print): Justin Larsen			Title: CEO		
Processed 01/23/2017		* Electronically provided signatures are accepted as original signatures.					