No. C 95565		,			nt and Address (NO PO BOX)	
Return to:		Annual Report Form LYNNE WADE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FRIENDS OF X L HOSPICE, INC. LYNNE WADE 8903 WEST LANDMARK COURT BOISE ID 83704 8908 W LAND BOISE ID 80 3. New Register				
NO FILING FEE IF RECEIVED BY DUE DATE		USA				
4. Corporations: En	ter Names and Busir	less Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	LYNNE WAD	E 8903 WEST LANDMARK COURT	BOISE	ID	USA	83704
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Lynne Wade	Date: 05/25/2010			
C 95565		Name (type or print): Lynne Wade	Title: Fund Developer			
Processed 05/25/20	010	* Electronically provided signatures are accepted as original sig	natures.			