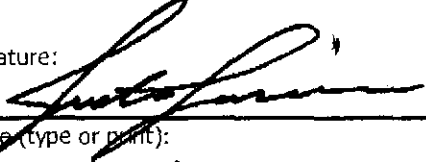


No. <b>W 49909</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> TERESA DIXON 19456 S YOXALL RD DOWNEY ID 83234				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> ALLIANCE HOME HEALTH OF IDAHO, LLC JUSTIN L LARSEN <del>545 WEST 465 N STE 100 PROVIDENCE UT 84332 USA</del> <b>925 W. 200 N. Suite A6 Logan, UT 84321</b>		3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager	<input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code
Manager	<input type="checkbox"/> Member <input type="checkbox"/>	Justin Larsen	3256 N. 1450E.	North Logan	UT	USA	84341
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:  <b>IDAHO W 49909</b>		6. Signature:  Name (type or print): <b>Justin Larsen</b>		Date: <b>07-28-2015</b> Title: <b>owner</b>			
Issued 07/28/2015 by online							

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**