No. W 170191	Due no later than Aug 31, 2018	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address: Correct in this box if needed.	921 S ORCHARD ST STE G BOISE ID 83705			
PO BOX 83720 BOISE, ID 83720-0080	EMPRES PERSONAL CARE SERVICES OF IDAHO FALLS, LLC C/O EMPRES HEALTHCARE MANAGEMENT, LLC 4601 NE 77TH AVE STE 300				
	VANCOUVER WA 98662	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Manager.				
Office Held Name	Street or PO Address	City	State	Country	Postal Code
MANAGER EMPRES HE	ALTHCARE MANAGEMENT, 4601 NE 77TH AVE STE 300	VANCOUVER	WA	USA	98662
5. Organized Under the Laws of:	. Annual Report must be signed.*				
WA	Signature: Brent Weil	Date: 06/19/2018			
W 170191	Name (type or print): Brent Weil	Title: CEO and Manager			
Processed 06/19/2018	* Electronically provided signatures are accepted as original signatures.				