No. **W 61993**	**Due no later than Apr 30, 2014** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** TREASURE VALLEY HOSPICE, LLC CLARK E. LIMB 8 6TH ST NORTH STE 200 NAMPA ID 83687	CLARK E LIMB 22965 CONRAD CT MIDDLETON ID 83644 3. New Registered Agent Signature:*

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	CLARK E LIMB	22965 CONRAD CT	MIDDLETON	ID	USA	83644

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 61993**	Signature: Neil L. Robinson Name (type or print): Neil L. Robinson	Date: 05/12/2014 Title: Cfo

Processed 05/12/2014

* Electronically provided signatures are accepted as original signatures.