

No. W 4429		Due no later than Jul 31, 2009		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		Annual Report Form		KARLA JENSEN 1308 E CENTER POCATELLO ID 83201			
		1. Mailing Address: Correct in this box if needed. HEALTHPRO HOME HEALTH, L.L.C. KARLA JENSEN 1308 E CENTER POCATELLO ID 83201 USA		3. <u>New</u> 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	KARLA JENSEN	RT 2 BOX 29	POCATELLO	ID	USA	83202	
5. Organized Under the Laws of: ID W 4429		6. Annual Report must be signed.* Signature: Karla Jensen Name (type or print): Karla Jensen Date: 05/27/2009 Title: Administrator					
Processed 05/27/2009		* Electronically provided signatures are accepted as original signatures.					