No. <b>W 93829</b>		Due no later than May 31, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  LEGACY HOSPICE II, LLC MICHAEL BERG 101 EAST STATE STREET KENNETT SQUARE PA 19348		2. Registered A	Registered Agent and Address (NO PO BOX)  CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE 83713  3. New Registered Agent Signature:*			
Return to:  SECRETARY OF STATE  700 WEST JEFFERSON  PO BOX 83720  BOISE, ID 83720-0080  NO FILING FEE IF  RECEIVED BY DUE DATE				12550 W EX BOISE 83				
<ol><li>Limited Liability Compar</li></ol>	nies: Enter Nai	mes and Addresses of a	it least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	SIGNATURE HEALTH LLC	HOSPICE & HOME	101 EAST STATE STREET	KENNETT SQUARE	PA	USA	19348	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE W 93829		Signature: MICHAEI	Date:	Date: 03/28/2015				
		Name (type or print	Title:	Title: ASST SECRETARY				
Processed 03/28/2015		* Electronically provided signatures are accepted as original signatures.						