No. C 78617		Due no later than May 31, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOSPICE AND PALLIATIVE CARE OF THE WOOD RIVER VALLEY, INC. LISA WILD RN, ED BOX 4320 KETCHUM ID 83340		LISA WILD 507 1ST AVE N KETCHUM ID 83340 3. New Registered Agent Signature:*				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held PRESIDENT VICE PRESIDENT SECRETARY TREASURER	Name AL STEVENS LYNN CAMPI BRUCE COLL ROBERT RE	ON JER	Street or PO Address PO BOX 1184 PO BOX 1656 PO BOX 1588 PO BOX 6559		City SUN VALLEY SUN VALLEY KETCHUM KETCHUM	State ID ID ID ID	Country USA USA USA USA	Postal Code 83353 83353 83340 83333
5. Organized Under the Laws of: ID C 78617		6. Annual Report must be signed.* Signature: Criss Fallowfield Name (type or print): Criss Fallowfield			Date: 06/19/2018 Title: OM			
Processed 06/19/2018 * Electronically provided signatures are accepted as original signatures.								