No. W 150459		Due no later than Apr 30, 2018		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		ANGELA HILLESHIEM 815 S BRIDGEWAY PL STE 122 EAGLE ID 83616			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ALL CARE PALLIATIVE CARE, LLC ALL CARE 815 S BRIDGEWAY PL STE 122 EAGLE ID 83616					
				3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Comp	oanies: Enter Na	mes and Addresse	s of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	ANGELA HIL	LESHIEM	815 S. BRIDGEWAY PL. SUITE 122	EAGLE	ID	USA	83616
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 150459		Signature: And	Date: 02/27/2018				
		Name (type or	Title: Owner				
Processed 02/27/2018		* Electronically provided signatures are accepted as original signatures.					