No. W 155743		Due no later than Sep 30, 2016		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			ADVANCED HEALTH CARE CORPORATION			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HENDERSON RP SNF, LLC ADVANCED HEALTH CARE CORPORATION 215 N WHITLEY DRIVE STE 3 FRUITLAND ID 83619		FRUITLAND 1	215 N WHITLEY DRIVE STE 3 FRUITLAND ID 83619 3. New Registered Agent Signature:*			
NO FILING RECEIVED BY D	DUE DATE	mes and Address	es of at least one Member or Manager.					
Office Held	Name	mes and Address	Street or PO Address	City	State	Country	Postal Code	
MEMBER	DAVID W N	IATTRESS	215 N WHITLEY DRIVE STE 3	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 155743		Signature: Sara Jackson		Date: 07/26/2016				
		Name (type or print): Sara Jackson		Title:	Title: Admin Assistant			
Processed 07/26/2016		* Electronically p	rovided signatures are accepted as original	signatures.				