No. **W 115886**	**Due no later than Jul 31, 2016** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** A.F.S. HOME HEALTH, L.L.C. PAUL JOHNSON 515 PINE ST STE G SANDPOINT ID 83864	PAUL JOHNSON 955 GOOBY SANDPOINT ID 83864 3. New 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
MANAGER	PAUL JOHNSON	515 PINE ST	SANDPOINT	ID	USA	83836

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 115886**	Signature: paul johnson	Date: 05/24/2016
	Name (type or print): paul johnson	Title: administrator

Processed 05/24/2016

* Electronically provided signatures are accepted as original signatures.