

No. <b>W 4429</b>	<b>Due no later than Jul 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		KARLA JENSEN 2785 BANNOCK HWY POCATELLO ID 83204-3607			
	HEALTHPRO HOME HEALTH, L.L.C. KARLA JENSEN 2785 BANNOCK HWY POCATELLO ID 83204-3607		3. <u>New</u> 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
MEMBER	KARLA JENSEN	RT 2 BOX 24 A 5	POCATELLO	ID		83202
5. Organized Under the Laws of:  <b>ID W 4429</b>		6. Annual Report must be signed.* Signature: Karla Jensen Name (type or print): Karla Jensen Date: 05/22/2017 Title: Administrator				
Processed 05/22/2017		* Electronically provided signatures are accepted as original signatures.				