

No. <b>W 151125</b>		Due no later than May 31, 2017 <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> APEX HOME HEALTH LLC ANNA HAYNES PO BOX 12269 PORTLAND OR 97212		NADIA BAKR 5206 TREYDON DR IDAHO FALLS ID 83406			
				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	JAMES ADAMSON	PO BOX 12269	PORTLAND	OR	USA	97212	
5. Organized Under the Laws of:  <b>ID W 151125</b>		6. Annual Report must be signed.* Signature: James Adamson Name (type or print): James Adamson				Date: 03/23/2017 Title: manager	
Processed 03/23/2017		* Electronically provided signatures are accepted as original signatures.					