No. W 42942		Due no later than Sep 30, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALPHA IN-HOME CARE, L.L.C. DEBORAH G SIMPSON 11675 W HAYDEN AVE POST FALLS ID 83854		_	DEBORAH G SIMPSON 11675 W HAYDEN AVE POST FALLS ID 83854 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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
	DEBORAH G CHARLES A	the street street and the second	11675 W HAYDEN AVE 11675 W HAYDEN AVE		POST FALLS POST FALLS	ID ID		83854 83854
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: CHARLES A SIMPSON Date: 10/10/2017						
W 42942		Name (type or print): CHARLES A SIMPSON Title: ADMINISTRATOR						
Processed 10/10/2017 * Electronically provided signatures are accepted as original signatures.								