

No. <b>C 98600</b>		Due no later than May 31, 2014		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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  HEARTHSIDE HOME HEALTH AGENCY, INC. JAKE BRYAN 403 1ST ST IDAHO FALLS ID 83401		JACOB RAYMOND BRYAN 403 1ST ST IDAHO FALLS ID 83401-1090			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	RAY J PUCCINELLI	403 FIRST ST.	IDAHO FALLS	ID	USA	83401	
SECRETARY	JACOB R BRYAN	403 FIRST ST.	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:  <b>ID C 98600</b>		6. Annual Report must be signed.* Signature: Ray J Puccinelli Jr. <span style="float: right;">Date: 05/05/2014</span> Name (type or print): Ray J Puccinelli Jr. <span style="float: right;">Title: President</span>					
Processed 05/05/2014		* Electronically provided signatures are accepted as original signatures.					