

No. C 169001

Due no later than September 30, 2008

Annual Report Form

Return to:  
SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

JOURNEYS HOSPICE, INC  
223 E AMITY AVE  
NAMPA, ID 83686

2. Registered Agent and Office NO PO BOX

ANNE HENDERSON  
5522 SYLVIA LN  
NAMPA, ID 83687

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Administrator	Jessica Salguero	223 E Amity Ave	NAMPA	ID	83686
CCO	Anne Henderson	223 E Amity Ave	NAMPA	ID	83686

5. Organized Under the Laws of:  
IDAHO  
C 169001

6.

Signature

*Jessica Salguero*

Date

9/5/08

Name

(Typed or  
Printed)

Jessica Salguero

Title

Administrator

Issued 07/01/2008

Do Not Tape or Staple

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