

No. W 99491		Due no later than Jan 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		DENYSE J LABARBERA 565 LOS LUCEROS DR EAGLE ID 83616			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		IDAHO PERSONAL HOME HEALTHCARE, LLC DENYSE J. LABARBERA PO BOX 1253 EAGLE ID 83616					
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	DENYSE J LABARBERA	PO BOX 1253	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 99491		Signature: Denyse J. LaBarbera			Date: 11/06/2011		
		Name (type or print): Denyse J. LaBarbera			Title: Owner/Manager		
Processed 11/06/2011		* Electronically provided signatures are accepted as original signatures.					