No. C 112257				2. Registered Ag	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. IDAHEALTH HOME CARE, INC. CINDY M STICE 215 N WHITLEY STE 3 FRUITLAND ID 83619		215 N WHITL FRUITLAND	CINDY M STICE 215 N WHITLEY STE 3 FRUITLAND ID 83619 3. New Registered Agent Signature:*			
NO FILING RECEIVED BY D	DUE DATE	ess Addresses of F	resident, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	DAVE W NA	ATTRESS	215 N WHITLEY DRIVE SUITE 3	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 112257		Signature: Cindy Stice		Date: 11/0	Date: 11/05/2015			
		Name (type or print): Cindy Stice		Title: Exe	Title: Executive Assistant			
Processed 11/05/2015 * Electronically provided signatures are accepted as original signatures.								