No. W 170319		Due no later than Aug 31, 2018 2. Registered Agent and Address (NO PO BC				
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. SAGE HOME HEALTH LLC JILL POORMAN 4536 HERSHEY LOOP CHUBBUCK ID 83202	VIRGIL LARSON 890 DELL RD CHUBBUCK ID 83202 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4 Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER JILL POORM		AN 4536 HERSHEY LOOP	CHUBBUCK	ID	USA	83202
5. Organized Under the Laws of: ID W 170319		6. Annual Report must be signed.* Signature: Jill Poorman Name (type or print): Jill Poorman	Date: 07/17/2018 Title: RN			
Processed 07/17/2018 * Electronically provided signatures are accepted as original signatures.						