No. W 120830		Due no later than Jan 31, 2017		2	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CHER'S IN HOME CARE, LLC SHARON K ATKINS 31 KANSAS AV HOMEDALE ID 83628-3417			SHARON K ATKINS 31 KANSAS AVE HOMEDALE ID 83628-3417 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	nies: Enter Nar	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	SHARON K	ATKINS	31 KANSAS AVE		HOMEDALE	ID	USA	83628-3417
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sharon K Atkins			Date: 02/16/2017			
W 120830		Name (type or print): Sharon K Atkins			Title: Manager			
Processed 02/16/2017 * Electronically provided signatures are accepted as original signatures.								