

No. W 21619

Due no later than December 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

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

HOSPICE ALLIANCE OF IDAHO, L.L.C.
353 N 4TH AVE STE 205
POCATELLO, ID 83201

JUSTIN LARSEN
353 N 4TH AVE STE 205
POCATELLO, ID 83201

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Owner/Member 100%	Justin Larsen	3156 N 14th St	N. Logan	UT	84341

5. Organized Under the Laws of:
IDAHO
W 21619

6.

Signature

Date 10-16-08

Name

(Typed or
Printed)

Justin Larsen

Title

Owner/Member

Issued 10/01/2008

Do Not Tape or Staple

200812006409