

No. W 104856		Due no later than Jul 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ENCOMPASS HOSPICE OF THE WEST, LLC APRIL ANTHONY 6688 N CENTRAL EXPWY SUITE 1300 DALLAS TX 75206 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
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	J PATRICK DARBY	3660 GRANDVIEW PKWY SUITE 200	BIRMINGHAM	AL	USA	35243	
MEMBER	MARK J TARR	3660 GRANDVIEW PKWY SUITE 200	BIRMINGHAM	AL	USA	35243	
MANAGER	G ROBERT THOMPSON	6688 N CENTRAL EXPWY STE 1300	DALLAS	TX	USA	75206	
MANAGER	APRIL ANTHONY	6688 N CENTRAL EXPWY STE 1300	DALLAS	TX	USA	75206	
5. Organized Under the Laws of: ID W 104856		6. Annual Report must be signed.* Signature: April Anhony Name (type or print): April Anhony					
		Date: 05/31/2016 Title: Vice President					
Processed 05/31/2016 * Electronically provided signatures are accepted as original signatures.							