

No. W 84461		Due no later than Jun 30, 2016		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 RECEIVED BY DUE DATE		Annual Report Form		ANNA HAYNES 2110 NIAGRA ST IDAHO FALLS ID 83404			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		ADVANCED HOME HEALTH AND HOSPICE, LLC CHERYL ABEL PO BOX 12269 PORTLAND OR 97212					
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	JAMES ADAMSON	PO BOX 12269	PORTLAND	OR	USA	97212	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 84461		Signature: James Adamson			Date: 04/25/2016		
		Name (type or print): James Adamson			Title: Member		
Processed 04/25/2016		* Electronically provided signatures are accepted as original signatures.					