

No. C 199006		Due no later than Jul 31, 2017 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. PREMIUM CHOICE HOME CARE, INC TAMI J PETERSON PO BOX 2047 IDAHO FALLS ID 83403 USA		BRUCE HAMPTON 1675 CURLEW DR. AMMON ID 83406			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
TREASURER	DEVERE HUNT	1675 CURLEW DR.	AMMON	ID	USA	83406	
SECRETARY	TONY BELL	1675 CURLEW DR. SUITE 208	AMMON	ID	USA	83406	
VICE PRESIDENT	BRUCE HAMPTON	1675 CURLEW DR.	AMMON	ID	USA	83406	
PRESIDENT	TAMI PETERSON	1675 CURLEW DR.	AMMON	ID	USA	83406	
5. Organized Under the Laws of: ID C 199006		6. Annual Report must be signed.* Signature: Bruce Hampton Name (type or print): Bruce Hampton					
		Date: 05/22/2017 Title: Administrator					
Processed 05/22/2017 * Electronically provided signatures are accepted as original signatures.							