No. C 169001	Due no later than September 30, 2007	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1: Mailing Address - Correct in this box: if applicable JOURNEYS HOSPICE, INC 223 E AMITY AVE NAMPA, ID 83686	ANNE HENDERSON 5522 SYLVIA LN NAMPA, ID 83687 3. New Registered Agent Signature
NO FILING FEE IF RECEIVED BY DUE DATE		
President Aune	mes and Business Addresses of President, Secreta Street or P.O. Address City HEUDERSON SYLVIA W NAME 5522 SYLVIA W NAME CA SALGUERO OL SUHON NA	State Zip DA ID 83686 MAPA TO 83686
5. Organized Under the Laws of: IDAHO C 169001 Issued 07/02/2007	Signature Mullelende Name Printed or JAMES 14. (-cucle Do Not Tape or Staple	Date 7/11/07 SOL Title Teasure 200709003846