

No. C 168263	Due no later than Aug 31, 2015 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.		SHERRI L AREY 5290 CONESTOGA PL BOISE ID 83709			
	HEARTS INDEPENDENT ELDER CARE INC. SHERRI L AREY 5290 CONESTOGA PL BOISE ID 83709 USA		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
PRESIDENT	SHERRI L AREY	5290 CONESTOGA PL	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID C 168263		6. Annual Report must be signed.* Signature: Sherri L Arey Name (type or print): Sherri L Arey		Date: 08/18/2015 Title: President		
Processed 08/18/2015		* Electronically provided signatures are accepted as original signatures.				