No. W 21619	Due no later than December 31, 2006 Annual Report Form		2. Registered Agent and Office 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 applicable		JUSTIN LARSEN 444 HOSPITAL WAY STE 411		
	HOSPICE ALLIANCE OF IDAHO, L.L.C. 444 HOSPITAL WY STE 411 POCATELLO, ID 83201		POCATE	ELLO, ID 8320	TE 411 1
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature		
4. Limited Liability Compan	ies: Enter Names and Addresses of Memb	oers.			
OWNER/CEO Justin lars	Street or P.O. Address Pen 1759 N. 400 E. #202	North L	ugan	State UT	<u>Zip</u> 84341
					:.
•		12		·	
		<del></del>		÷	
Organized Under the Laws of:	6.				1.
IDAHO W 21619	Signature			Date 12/0	404
	Namo Justin Larson	<u>.</u>		Title OWne	r (Geo
Issued 10/02/2006	Do Not Tape or Staple			2006120	00193