

<b>No. W 4429</b>	<b>Due no later than July 31, 2005</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>  KARLA JENSEN 1308 E CENTER POCATELLO, ID 83201		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  HEALTHPRO HOME HEALTH, L.L.C. 1308 E CENTER POCATELLO, ID 83201		3. <u>New</u> Registered Agent Signature		
4. Limited Liability Companies: Enter Names and Addresses of Members.					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Administrator	Karla Jensen	Rt 2 Box 24A 5	Pocatello	ID	83202
Director of Nursing	Chyleen Tucker	565 Cree	Pocatello	ID	83204
5. Organized Under the Laws of:  IDAHO W 4429			6. Signature <u>Karla Jensen</u> Date <u>5-17-05</u> Name <small>(Printed or Typed)</small> <u>Karla Jensen</u> Title <u>Administrator</u>		

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