

No. <b>W 65599</b>	<b>Due no later than Aug 31, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
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 needed.</b>		CATHY L RHODES 1118 GEMSTONE WAY EMMETT ID 83617			
	ACTION HOME MEDICAL L.L.C. CATHY L RHODES 1118 GEMSTONE WAY EMMETT ID 83617		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	CATHY L RHODES	1118 GEMSTONE WAY	EMMETT	ID	USA	83617
MEMBER	L JAMES RHODES	1118 GEMSTONE WAY	EMMETT	ID	USA	83617
5. Organized Under the Laws of:  <b>ID W 65599</b>	6. Annual Report must be signed.*					
		Signature: James Rhodes	Date: 08/31/2009			
		Name (type or print): James Rhodes	Title: Member			
Processed 08/31/2009		* Electronically provided signatures are accepted as original signatures.				