No. C 159300		Annual Report Form 1. Mailing Address: Correct in this box if needed. ABIGAIL'S IN HOME CARE, INC. KANDACE S DURFEE 1711 OVERLAND AVE. STE C		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				KANDACE 377 S. 100 BURLEY ID	KANDACE S DURFEE 377 S. 100 W. BURLEY ID 83318 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		USA ess Addresses of President, Secretary, and Directors. Treasurer (o		asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	KANDACE S	DURFEE	377 S. 100 W.	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Repor						
ID C 159300		Signature: Ka		Date: 06/03/2014				
		Name (type o		Title: Owner				
Processed 06/03/2014	* Electronically provided signatures are accepted as original signatures.							