

No. <b>W 115886</b>		<b>Due no later than Jul 31, 2013</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>1. Mailing Address: Correct in this box if needed.</b>  A.F.S. HOME HEALTH, L.L.C. PAUL JOHNSON 708 SUPERIOR ST. SUITE B SANDPOINT ID 83864		PAUL JOHNSON 955 GOOBY SANDPOINT ID 83864			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name PAUL JOHNSON	Street or PO Address 708 SUPERIOR		City SANDPOINT	State ID	Country USA	Postal Code 83836
5. Organized Under the Laws of:  <b>ID</b> <b>W 115886</b>		6. Annual Report must be signed.*  Signature: Paul Johnson Name (type or print): Paul Johnson  Date: 05/20/2013 Title: Administrator					
Processed 05/20/2013 * Electronically provided signatures are accepted as original signatures.							