No. C 146354		Due no later than Nov 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. A+ HOME MEDICAL, INC. AARON M HESS 619 S. WASHINGTON STE 102 MOSCOW ID 83843-3063 USA		2. Registered A	2. Registered Agent and Address (NO PO BOX) AARON M HESS 1346 BRISTOL ROAD MOSCOW ID 83843 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				1346 BRISTO MOSCOW II				
4. Corporations: Enter Nar	mes and Busin	ess Addresses o	f President, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	MICHAEL S HESS		3109 W. TWIN ROAD	MOSCOW	ID	USA	83843	
TREASURER	JANICE K H	ESS	3109 W. TWIN ROAD	MOSCOW	ID	USA	83843	
PRESIDENT	AARON M H	IESS	1346 BRISTOL ROAD	MOSCOW	ID	USA	83843	
DIRECTOR	AMANDA L	HESS	1346 BRISTOL RD	MOSCOW	ID	USA	83843	
5. Organized Under the Laws of:		6. Annual Repo						
ID		Signature: Aaron Hess			Date: 09/18/2014			
C 146354		Name (type or print): Aaron Hess			Title: President			
Processed 09/18/2014 * Electronically provided signatures are accepted as original signatures.								