No. W 91581		Due no later than Mar 31, 2011		2. Register	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. ZIONS IN-HOME HEALTH CARE LLC 6014 W RANDOLPH BOISE ID 83709		6014 W BOISE	TAMMIE CASTEEL 6014 W RANDOLPH BOISE ID 83709 3. New Registered Agent Signature:*			
4. Limited Liability Comp Office Held	panies: Enter Nai Name	mes and Addresses of at	least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MEMBER TAMMIE CASTEEL		STEEL	6014 WEST RANDOLPH	BOISE	ID	USA	83709	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 91581		Signature: Tammie Casteel			Date: 04/10/2011			
		Name (type or print): Tammie Casteel			Title: Partner			
Processed 04/10/2011 * Electronically provided signatures are accepted as original signatures.								