

No. W 94294		Due no later than Jun 30, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. AHC HOME HEALTH OF NEW MEXICO LLC CINDY M STICE 215 N WHITLEY DR SUITE 3 FRUITLAND ID 83619		CINDY M STICE 215 N WHITLEY DR SUITE 3 FRUITLAND ID 83619			
NO FILING FEE IF RECEIVED BY DUE DATE				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 DAVID W NATTRESS	Street or PO Address 215 N WHITLEY DR SUITE 3		City FRUITLAND	State ID	Country USA	Postal Code 83619
5. Organized Under the Laws of: ID W 94294		6. Annual Report must be signed.* Signature: Sara Jackson Name (type or print): Sara Jackson Date: 04/28/2016 Title: Admininistrative Assistant					
Processed 04/28/2016 * Electronically provided signatures are accepted as original signatures.							