

No. <b>W 49909</b>		<b>Due no later than Apr 30, 2017</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>  ALLIANCE HOME HEALTH OF IDAHO, LLC JUSTIN L LARSEN 925 W 200 E A6 LOGAN UT 84321 USA		TERESA DIXON 19456 S YOXALL RD DOWNEY ID 83234			
<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	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	ALLIANCE HEALTHCARE	925 W 200 N STE A6	LOGAN	UT		84321	
MANAGER	JUSTIN LARSEN	3256 N 1450 E	NORTH LOGAN	UT	USA	84341	
5. Organized Under the Laws of:  <b>ID</b> <b>W 49909</b>		6. Annual Report must be signed.*  Signature: Justin Larsen Name (type or print): Justin Larsen  Date: 03/20/2017 Title: Owner/Manager					
Processed 03/20/2017 * Electronically provided signatures are accepted as original signatures.							