

No. <b>W 49909</b>		<b>Due no later than Apr 30, 2017</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		TERESA DIXON 19456 S YOXALL RD DOWNEY ID 83234			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		ALLIANCE HOME HEALTH OF IDAHO, LLC JUSTIN L LARSEN 925 W 200 E A6 LOGAN UT 84321 USA					
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:		6. Annual Report must be signed.*					
<b>ID W 49909</b>		Signature: Justin Larsen			Date: 03/20/2017		
		Name (type or print): Justin Larsen			Title: Owner/Manager		
Processed 03/20/2017		* Electronically provided signatures are accepted as original signatures.					