

No. W 28889		Due no later than Feb 28, 2010 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. HEART 'N HOME HOSPICE AND PALLIATIVE CARE, LLC KRISTOPHER R STICE 1100 NW 12TH ST FRUITLAND ID 83619 USA		PAUL J STARK 660 E FRANKLIN RD STE 220 MERIDIAN ID 83642			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	CINETA LEE	2770 SW 1ST	NEW PLYMOUTH	ID	USA	83655	
MANAGER	KRISTOPHER REX STICE	5207 HWY 72	NEW PLYMOUTH	ID	USA	83655	
MANAGER	TODD A STICE	302 NW 9TH	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of: ID W 28889		6. Annual Report must be signed.* Signature: Kristopher Stice Name (type or print): Kristopher Stice					
		Date: 12/29/2009 Title: Manager					
Processed 12/29/2009		* Electronically provided signatures are accepted as original signatures.					