

|  |                 |   |        |   |         |                  |  |
|--|-----------------|---|--------|---|---------|------------------|--|
| No. <b>W 116732</b>  |                 | <b>Due no later than Aug 31, 2014</b>   |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br>ASPEN MEADOWS HOME CARE LLC<br>WAYNE J HAMBLIN<br>104 S WARPATH<br>SALMON ID 83467 |        | WAYNE J HAMBLIN<br>104 S WARPATH<br>SALMON ID 83467 |         |                  |  |
|  |                 |   |        | 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      |  |
| MEMBER   | WAYNE J HAMBLIN | 125 WILLIAMS CREEK ROAD   | SALMON | ID  | USA     | 83467            |  |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |        |   |         |                  |  |
| <b>ID<br/>W 116732</b>   |                 | Signature: Wayne J Hamblin  |        |   |         | Date: 07/29/2014 |  |
|  |                 | Name (type or print): Wayne J Hamblin   |        |   |         | Title: Member    |  |
| Processed 07/29/2014   |                 | * Electronically provided signatures are accepted as original signatures.   |        |   |         |                  |  |