

No. W 94294	Due no later than Jun 30, 2017 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 NO FILING FEE IF RECEIVED BY DUE DATE	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			
			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	DAVID W NATTRESS	215 N WHITLEY DR SUITE 3	FRUITLAND	ID	USA	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: 04/26/2017 Title: admin assistant			
Processed 04/26/2017		* Electronically provided signatures are accepted as original signatures.				