No. <b>W 28889</b>	Due no later than Feb 28, 2018		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	Annual Report Form  1. Mailing Address: Correct in this box if needed.  HEART 'N HOME HOSPICE AND PALLIATIVE CARE, LLC CINETA LEE 1100 NW 12TH ST FRUITLAND ID 83619		KRIS STICE 1100 NW 12TH ST FRUITLAND ID 83619  3. New Registered Agent Signature:*				
RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER CINETA LEE MANAGER KRISTOPHEI MANAGER TODD A ST	R REX STICE	1100 NW 12TH ST 1100 NW 12TH ST 1100 NW 12TH ST	FRUITLAND FRUITLAND FRUITLAND	ID ID ID	USA USA USA	83619 83619 83619	
5. Organized Under the Laws of: 6. Annual Report		nust be signed.*					
<b>ID</b> Signatu		gnature: Devin Collins		Date: 01/12/2018			
W 28889	Name (type or print): Devin Collins		Title: Director of Finance				
Processed 01/12/2018	* Electronically provided signatures are accepted as original signatures.						