No. W 168676		Due no later than Jun 30, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			VIRGIL LARSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TMOORE NURSING SERVICES LLC VIRGIL LARSON 890 DELL RD CHUBBUCK ID 83202		CHUBBUCK 1	890 DELL RD CHUBBUCK ID 83202 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	TAMARA MOORE		1500 MOUNTAIN SHADOW DR	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Virgil Larson			Date: 08/31/2017			
W 168676		Name (type or print): Virgil Larson			Title: Agent			
Processed 08/31/2017	* Electronically provided signatures are accepted as original signatures.							