No. W 112973		Due no later than Apr 30, 2014 Annual Report Form 1. Mailing Address: Correct in this box if needed. ALS NURSING SERVICE, LLC AMBRA L SCOUTEN PO BOX 623 3088 N 3350 W MOORE ID 83255 USA			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				3088 N 335 MOORE ID	AMBRA L SCOUTEN 3088 N 3350 W MOORE ID 83255 3. New Registered Agent Signature:*			
700 97 7	es: Enter Nai Name	mes and Addresses of a	t least one Member or Manager. Street or PO Address	City	State	Country	Postal Code	
MANAGER	AMBRA LYN	SCOUTEN	PO BOX 623 3088 N 3350 W	MOORE	ID	USA	83255	
5. Organized Under the Laws of: ID W 112973		6. Annual Report must be signed.* Signature: Ambra Scouten Name (type or print): Ambra Scouten			Date: 04/04/2014 Title: Rn			
Processed 04/04/2014 * Electronically provided signatures are accepted as original signatures.								