No. W 112551		Due no later than Mar 31, 2014		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. VISIONS TRANSITIONAL CARE, LLC KELLY SPIERS 1770 PARKVIEW DR TWIN FALLS ID 83301		KELLY SPIERS 1770 PARKVIEW DR TWIN FALLS ID 83301 3. New Registered Agent Signature:*				
								NO FILING FEE IF RECEIVED BY DUE DATE
4. Limited Liability Compa	inies: Enter Na	mes and Address	ses of at least one Member or Manage	er.				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER GERALD GUN		NTER	1770 PARK VIEW DR		TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Gerald Gunter			Date: 04/11/2014			
W 112551		Name (type or print): Gerald Gunter			Title: Member			
Processed 04/11/2014 * Electronically provided signatures are accepted as original signatures.								