No. C 70847			Due no later than Sep 30, 2012 2. Registered Agent and Address (NO Po				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			Annual Report Form	JAMES EARL 506 VAN DREFF SALMON ID 83467 3. New Registered Agent Signature:*			
			1. Mailing Address: Correct in this box if needed. HOSPICE OF SALMON VALLEY, INC. JAMES EARL 506 VAN DREFF ST SALMON ID 83467				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Na	ames and B	usine	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
DIRECTOR	JAMES I	EARL	506 VAN DREFF	SALMON	ID	USA	83467
5. Organized Under the Laws of:			6. Annual Report must be signed.*				
ID C 70847			Signature: James Earl	Date: 07/19/2012			
			Name (type or print): James Earl	Title: Director			
Processed 07/19/2012 * Electronically provided signatures are accepted as original signatures.							