

No. <b>W 99491</b>		<b>Due no later than Jan 31, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		DENYSE J LABARBERA 565 LOS LUCEROS DR EAGLE ID 83616			
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*			
		IDAHO PERSONAL HOME HEALTHCARE, LLC DENYSE J. LABARBERA 565 LOS LUCEROS DRIVE EAGLE ID 83616 USA					
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	DENYSE J LABARBERA	PO BOX 1253	EAGLE	ID	USA	83616	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 99491</b>		Signature: Denyse J. Labarbera				Date: 02/15/2013	
		Name (type or print): Denyse J. Labarbera				Title: Manager	
Processed 02/15/2013		* Electronically provided signatures are accepted as original signatures.					