

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