

No. C 111870		Due no later than Aug 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOSPICE VISIONS, INC. TAMALA SLATTER 1770 PARK VIEW DRIVE TWIN FALLS ID 83301		TAMALA D SLATTER 1770 PARK VIEW DRIVE TWIN FALLS ID 83301			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	TAMALA SLATTER	1770 PARK VIEW DRIVE	TWIN FALLS	ID	USA	83301	
SECRETARY	NINA KAREL	3896 N 1500 E	BUHL	ID	USA	83316	
TREASURER	JAY BRIDE	3228 HIGHLAWN DRIVE	TWIN FALLS	ID	USA	83301	
PRESIDENT	RICHARD HAMMOND	738 N COLLEGE RD STE #C	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 111870		6. Annual Report must be signed.* Signature: TAMALA D SLATTER Name (type or print): TAMALA D SLATTER Date: 08/29/2016 Title: EXECUTIVE DIRECTOR					
Processed 08/29/2016		* Electronically provided signatures are accepted as original signatures.					