

No. C 157812		Due no later than Dec 31, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. HANDS OF HOPE HOSPICE, INC. C/O COOPER NORMAN PO BOX 51330 IDAHO FALLS ID 83405		JILL P GARRETT 395 KINGS MILL CIRCLE IDAHO FALLS ID 83401			
						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	SID GARRETT	1379 E 17TH ST	IDAHO FALLS	ID	USA	83401	
PRESIDENT	JILL G GARRETT	1379 E 17TH ST	IDAHO FALLS	ID	USA	83401	
SECRETARY	JILL G GARRETT	1379 E 17TH ST	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: ID C 157812		6. Annual Report must be signed.* Signature: Kevin C Koplin Name (type or print): Kevin C Koplin					
		Date: 01/23/2017 Title: CPA					
Processed 01/23/2017 * Electronically provided signatures are accepted as original signatures.							