



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 05/31/2019

Reporting Year: 2019

Dort Form Return completed form within 30 days to:

Idaho Secretary of State Attn: Annual Reports 450 North 4th Street

Annual Report: No filing fee if received by the due date.						Boise, ID 83720 Phone: (208) 334-2300			
SOS Control N		Filing Status: Active-Existing			—	1			
Limited Liability Company (D)		Dat	Date Formed: 05/11/2006			Formation	Locale: ID		C
Name and Mai	_				(1) Add or	Change Mai	ling Address:		F
M G HOME CARE LLC									
738 W CEDAR POINTE WAY									- -
NAMPA, ID 83	686								
Registered Ag	RO) Address:		(2) Chang	e RA and/or l	RO Address:				
738 W CEDAR									i
NAMPA, ID 83									} -
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	Note:	The Registered Offic	e address must b	e a physic	cal Idaho a	ddress (no p	ostal box).		ì
(3) New Regist	ered Agent (RA	A) Signature:							_
			a new agent is appo	inted in ite	m (2) above	the new agen	t must sign here to acc	ept the appoi	ntment.
(4) Limited Liabili	tv Companies: E	nter names and add	resses of Manage	ers OR M	lembers.	Do NOT put	'same as last vear	or 'same a	as above l
		ges here will not affe							
Manager/Member	Name		Business Address				City, State, Zip		
Mgr Mem	Mario A	Gongosa	738 W.	Cedar	Pointe	Way	Nampa /	D 83	3686
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(5) Signature:	vay and	-4/->			(6) Date:	05-1	14-19		i i
(7) Type/Print Name	e: / Mari	a A.	Jongora		(8) Title:	0,11	100		;
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Instructions: Leg	ibly complete the fo	rm above. Sign and da	ate this form and re	turn to the	address p	ovided above	€.		· •