No. <b>C 112257</b>	Due	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	Annual Report Form  1. Mailing Address: Correct in this box if needed.  IDAHEALTH HOME CARE, INC. CINDY M STICE 215 N WHITLEY STE 1 FRUITLAND ID 83619		ADVANCED H 215 N WHITL	K BRETT NATTRESS ADVANCED HEALTH CARE CORP 215 N WHITLEY STE 1 FRUITLAND ID 83619			
PO BOX 83720 BOISE, ID 83720-0080			3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Busi	ness Addresses of Pr	esident, Secretary, and Directors. Treasure	er (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT KEVIN BRET	T NATTRESS	215 N WHITLEY DRIVE SUITE 1	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID	Signature: K. Brett Nattress			Date: 08/20/2012			
C 112257	Name (type or print): K. Brett Nattress		Title: President				
Processed 08/20/2012	* Electronically provided signatures are accepted as original signatures.						