No. **W 187239**	**Due no later than Aug 31, 2018** **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.** BLACKFOOT HOME HEALTH AND HOSPICE LLC PO BOX 3881 IDAHO FALLS ID 83403	ROBERT COLETTE 3470 WASHINGTON PKWY IDAHO FALLS ID 83404 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	ROBERT COLLETTE	PO BOX 3881	IDAHO FALLS	ID	USA	83403

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 187239**	Signature: ROBERT COLLETTE	Date: 06/18/2018
	Name (type or print): ROBERT COLLETTE	Title: MANAGER

Processed 06/18/2018

* Electronically provided signatures are accepted as original signatures.