

No. <b>W 28889</b>		<b>Due no later than Feb 28, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		PAUL J STARK 5088 N ABERDEEN PLACE MERIDIAN 83646			
		<b>1. Mailing Address: Correct in this box if needed.</b> HEART 'N HOME HOSPICE AND PALLIATIVE CARE, LLC CINETA LEE 1100 NW 12TH ST FRUITLAND ID 83619 USA		3. <u>New</u> 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	CINETA LEE	2770 SW 1ST	NEW PLYMOUTH	ID	USA	83655	
MANAGER	KRISTOPHER REX STICE	603 THREE RIVERS WAY	FRUITLAND	ID	USA	83619	
MANAGER	TODD A STICE	302 NW 9TH	FRUITLAND	ID	USA	83619	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 28889</b>		Signature: Devin Collins		Date: 03/10/2015			
		Name (type or print): Devin Collins		Title: Director of Finance			
Processed 03/10/2015		* Electronically provided signatures are accepted as original signatures.					