

Form LLC-50.1	Illinois Limited Liability Company Act Annual Report	FILE # 02770377 Due prior to: 02/01/2025
Secretary of State Department of Business Services Limited Liability Division 501 S. Second St., Rm. 351 Springfield, IL 62756 217-524-8008 www.ilsos.gov	Filing Fee: 75.00 Series Fee, if required: Penalty: 0.00 Total: 75.00	FILED February 25, 2025 Alexi Giannoulas Secretary of State

1. Limited Liability Company Name: HOSPICE TOOLS LLC
- Registered Agent: CHAIM T. KLEIN
2715 W. BIRCHWOOD
CHICAGO, IL 60645
2. State or Country of Organization: IL Date Organized in or Admitted to Illinois: 02/25/2009
3. Address of Principal Place of Business:
4101 MAIN STREET SKOKIE, IL 60076-2753
4. Name and business address of all managers and any member having the authority of manager:
KLEIN, CHAIM
4101 W MAIN ST SKOKIE, IL 60076
5. Entity managers affirm their current existence.
6. Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37.
7. I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete.

Dated: February 25, 2025
Month/Day Year

DONIEL KLEIN
Name
ACCOUNTS PAYABLE
Title

If applicant is a company or other entity, state Name of Company