

Form **LLC-50.1**

**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](http://www.ilsos.gov)

Illinois  
 Limited Liability Company Act  
**Annual Report**

Filing Fee:	75.00
Series Fee, if required:	
Penalty:	100.00
Total:	175.00

FILE # 02770377  
 Due prior to: 02/01/2022

**Filed Electronically**  
 April 27, 2022  
**Jesse White**  
**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 2715 W BIRCHWOOD CHICAGO, IL 60645

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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: April 27, 2022  
 Month/Day Year

CHAIM KLEIN \_\_\_\_\_  
 \_\_\_\_\_  
 Name

ADMINISTRATOR \_\_\_\_\_  
 \_\_\_\_\_  
 Title

KLEIN, CHAIM MANAGER  
 \_\_\_\_\_  
 If applicant is a company or other entity, state Name of Company