

| No. 93229 | Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 | 2. Registered Agent and Office NOT A P.O. BOX MARLIS D. JACKMAN 666 SHOSHONE STREET EAST TWIN FALLS ID 83301 | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---------------------------------|-------------------------------|-------------|--------------|------------|------------|-------------------|--------------------------|------------|-------|-------|------------|-------------------|--------------------------|------------|-------|-------|------------|-----------------|--------------------------|------------|-------|-------|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 | 1 Mailing Address - Please Correct If Not Correct HOME TREATMENT PROFESSIONALS, I MARLIS D. JACKMAN 666 SHOSHONE STREET EAST TWIN FALLS ID 83301 0000 | 3. Incorporated Under The Laws of ID NO: 093229 | | | | | | | | | | | | | | | | | | | | | | | | |
| ** FINAL NOTICE ** NO FEE REQUIRED | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>MARLIS D. JACKMAN</td> <td>666 SHOSHONE STREET EAST</td> <td>TWIN FALLS</td> <td>IDAHO</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>MILDRED J. SPARKS</td> <td>666 SHOSHONE STREET EAST</td> <td>TWIN FALLS</td> <td>IDAHO</td> <td>83301</td> </tr> <tr> <td>Directors:</td> <td>CAROL RICKS, MD</td> <td>666 SHOSHONE STREET EAST</td> <td>TWIN FALLS</td> <td>IDAHO</td> <td>83301</td> </tr> </tbody> </table> | | | | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | President: | MARLIS D. JACKMAN | 666 SHOSHONE STREET EAST | TWIN FALLS | IDAHO | 83301 | Secretary: | MILDRED J. SPARKS | 666 SHOSHONE STREET EAST | TWIN FALLS | IDAHO | 83301 | Directors: | CAROL RICKS, MD | 666 SHOSHONE STREET EAST | TWIN FALLS | IDAHO | 83301 |
| | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | | | | | | | | | | | |
| President: | MARLIS D. JACKMAN | 666 SHOSHONE STREET EAST | TWIN FALLS | IDAHO | 83301 | | | | | | | | | | | | | | | | | | | | | |
| Secretary: | MILDRED J. SPARKS | 666 SHOSHONE STREET EAST | TWIN FALLS | IDAHO | 83301 | | | | | | | | | | | | | | | | | | | | | |
| Directors: | CAROL RICKS, MD | 666 SHOSHONE STREET EAST | TWIN FALLS | IDAHO | 83301 | | | | | | | | | | | | | | | | | | | | | |
| 5. Nature of Business HOME HEALTH | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature <i>Marlis D. Jackman</i> Name (Typed or Printed) MARLIS D. JACKMAN </td> <td style="width: 40%;"> Date 80-9-91 Title President </td> </tr> </table> | | Signature <i>Marlis D. Jackman</i> Name (Typed or Printed) MARLIS D. JACKMAN | Date 80-9-91 Title President | | | | | | | | | | | | | | | | | | | | | | |
| Signature <i>Marlis D. Jackman</i> Name (Typed or Printed) MARLIS D. JACKMAN | Date 80-9-91 Title President | | | | | | | | | | | | | | | | | | | | | | | | | |