

No. C 98106	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct IDAHO RESIDENTIAL AND ASSIST CONNIE SEARLES 2419 W STATE ST #5	CONNIE SEARLES 405 S 8TH ST #365 2419 W. STATE, #5 BOISE ID 83702			
* FIRST NOTICE *	BOISE ID 83702	3. Organized Under the Laws of: ID C 98106			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	HAROLD DRAKE	622 W. FILER	TWIN FALLS	ID	83301
VICE-PRESIDENT	SHIRLIE MEYER	3771 SILVER TERRACE	MERIDIAN	ID	83642
SEC/TREAS.	SHARON ASHCROFT	P.O. Box 1016	BOISE	ID	83701
5. NATURE OF BUSINESS CARE FOR AGED AND DISABLED		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Connie M. Searles</u> Date <u>7/16/96</u> Name (Typed or Printed) _____ Title <u>Exec Dir.</u>			

ISSUED: 07-06-1996

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