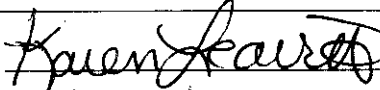


<b>No. C 134982</b>	<b>Due no later than Jul 31, 2002</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b> KAREN R LEAVITT 845 WINONA DR IDAHO FALLS, ID 83401																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable DD NURSING SERVICES, INC.  845 WINONA DR  IDAHO FALLS, ID 83401	3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>LEAVITT, KAREN</td> <td>845 WINONA DRIVE</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>DIRECTOR</td> <td>LEAVITT, KAREN</td> <td>845 WINONA DRIVE</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83401</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	LEAVITT, KAREN	845 WINONA DRIVE	IDAHO FALLS	ID	83401	DIRECTOR	LEAVITT, KAREN	845 WINONA DRIVE	IDAHO FALLS	ID	83401
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5. Organized Under the Laws of:  IDAHO C 134982	6. Signature  RN Date <u>5-13-02</u> Name <small>(Typed or Printed)</small> <u>KAREN LEAVITT RN</u> Title <u>PRESIDENT</u>																			