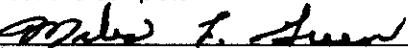
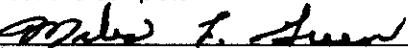
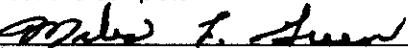


## INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-01-1993

No. 96569	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1993	2. Registered Agent and Office <b>NOT A P.O. BOX</b> MILES GREEN 277 W. CENTER VICTOR ID 83455																				
Return To <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  * FIRST NOTICE * NO FEE REQUIRED	1 Mailing Address: <i>Please Correct If Not Correct</i> <b>IN-HOME ASSISTANCE SERVICES, IN</b> <b>MILES GREEN</b> <b>277 W. CENTER</b>  <b>VICTOR ID 83455</b>	3. Incorporated Under The Laws of ID NO: 96569																				
4. Names and Addresses of Officers and Directors <b>MUST BE PRINTED OR TYPED</b> <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: Miles L. Green</td> <td>P.O. Box 15</td> <td>Victor</td> <td>Idaho</td> <td>83455</td> </tr> <tr> <td>Secretary: Annette Lee</td> <td>1987 Ririe Cr1.</td> <td>Idaho Falls</td> <td>Idaho</td> <td>83401</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: Miles L. Green	P.O. Box 15	Victor	Idaho	83455	Secretary: Annette Lee	1987 Ririe Cr1.	Idaho Falls	Idaho	83401	Directors:				
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Directors:																						
5. Nature of Business In 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 border="1"> <tr> <td>Signature </td> <td>Date 10/12/93</td> </tr> <tr> <td>Name (Typed or Printed) Miles L. Green</td> <td>Title Pres.</td> </tr> </table>		Signature 	Date 10/12/93	Name (Typed or Printed) Miles L. Green	Title Pres.																
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