

INSTRUCTIONS ON REVERSE SIDE

No. 84852	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>		JOLENE TUMA E. 2700 ROAD #3E11-3 TWIN FALLS ID 83303																									
	QUALITY HOME SERVICES, INC. JOLENE TUMA P.O. BOX 2637 TWIN FALLS ID 83303 0000		3. Incorporated Under The Laws of ID NO: 084652																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <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:</td> <td>JOLENE L. TUMA</td> <td>5711 MONTE VISTA</td> <td>T.F.</td> <td>ID.</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>CHARLES R. TUMA</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	JOLENE L. TUMA	5711 MONTE VISTA	T.F.	ID.	83301	Secretary:	CHARLES R. TUMA	"	"	"	"	Directors:					
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Secretary:	CHARLES R. TUMA	"	"	"	"																							
Directors:																												
5. Nature of Business <i>Home Nursing - Custodial Care</i>		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><i>Jolene L. Tuma</i></td> <td>Date</td> <td><i>12/7/91</i></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>JOLENE L. TUMA</td> <td>Title</td> <td><i>President</i></td> </tr> </table>			Signature	<i>Jolene L. Tuma</i>	Date	<i>12/7/91</i>	Name (Typed or Printed)	JOLENE L. TUMA	Title	<i>President</i>																
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