No. C 133457	Due no later than Apr 30, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX Bebra L. Gates-Mogelso		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box. if FIRST CHOICE HOSPICE, INC. ************************************	applicable	147 MAIN AV TWIN FALLS 3. New Registe	(
NO FILING FEE IF RECEIVED BY DUE DATE	TWIN FALLS, ID 83301		ala to	ites-No	plan
4. Corporations: Enter Na	mes and Business Addresses of Presid	dent, Secretar	y and Directo	rs.	^
Office held Name	Street or P.O. Address	City	= .		<u>Zip</u>
Pres./Director	Debra L. Gates-Mogelson				
Sec./Director	147 Main Ave. East Stanley Mogelson	Twin Fa	lls I	(D 83	301
Treas./Director	660 Shoshone Street Barbara R. Bacon	Twin Fa	lls I	ID 83	301
Treas./Director	147 Main Ave. East	Twin Fa	lls :	ID 83	301
5. Organized Under the Laws of: IDAHO C 133457	6. Signature Loo L. Name (Typed or Debra L.	0	Date		
Issued 02/04/2002	Do Not Tape or Sta	aple			1022