

No. <b>C 114424</b>	<b>Due no later than Apr 30, 2003 Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
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		MICHAEL GALLUS 3050 E HARRISON AVE  COEUR D ALENE, ID 83814																		
	NORTHWEST RESIDENTIAL CARE, INC.  3050 E HARRISON AVE  COEUR D ALENE, ID 83814																				
3. <u>New</u> Registered Agent Signature <i>N. H.</i>																					
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Mike GALLUS</td> <td>3050 E Harrison Ave.</td> <td>COA</td> <td>ID.</td> <td>83814</td> </tr> <tr> <td>Sec</td> <td>✓</td> <td>✓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres	Mike GALLUS	3050 E Harrison Ave.	COA	ID.	83814	Sec	✓	✓			
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Pres	Mike GALLUS	3050 E Harrison Ave.	COA	ID.	83814																
Sec	✓	✓																			
5. Organized Under the Laws of:  IDAHO C 114424		6. Signature <i>[Signature]</i> Date <u>6-3-03</u> Name <small>(Typed or Printed)</small> <u>Mike GALLUS</u> Title <u>Pres</u>																			