

No. C103259

Annual Report Form

1996

2. Registered Agent and Office NOT A P.O. BOX

Return to:
 SECRETARY OF STATE
 700 WEST JEFFERSON
 PO BOX 83720
 BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

HEARTHSIDE HEALTHCARE MANAGE
 HANNA L VERMAAS
 408 BEAN LANE
 PO BOX 1090
 SALMON ID 83467

HANNA L VERMAAS
 1403 LEADORE AVE

SALMON ID 83467

3. Organized Under the Laws of:

ID C108259

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President/Treas	Hanna L Vermaas	1403 Leadore Ave. PO Box 1090	Salmon	ID	83467
Secretary/VPres	W ^M L. Vermaas	1403 Leadore Ave. PO Box 1090	Salmon	ID	83467

5. NATURE OF BUSINESS

HOME HEALTH CARE ADMINISTRATION

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Hanna Vermaas Date 9-13-96Name Hanna Vermaas Title Pres/Treas

ISSUED: 07-06-1995

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