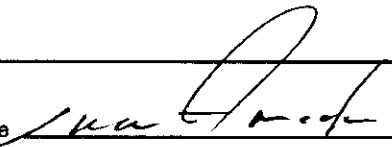


No. C120676	Annual Report Form 1998 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX GLEN AMADOR 7456 W STATE BOISE ID 83703																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct ALL VALLEY HOSPICE, INC. GLEN AMADOR 7456 W STATE BOISE ID 83703		3. Organized Under the Laws of: ID C120676																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>ADMINISTRATOR</td> <td>GLEN AMADOR</td> <td>1886 LAURELWOOD</td> <td>EAGLE</td> <td>ID</td> <td></td> </tr> <tr> <td>D. N. S.</td> <td>C. JEFFRIES</td> <td>56 ROE ST</td> <td>BOISE</td> <td>ID</td> <td>83703</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	ADMINISTRATOR	GLEN AMADOR	1886 LAURELWOOD	EAGLE	ID		D. N. S.	C. JEFFRIES	56 ROE ST	BOISE	ID	83703
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D. N. S.	C. JEFFRIES	56 ROE ST	BOISE	ID	83703																
5. Signature of New Registered Agent		6. Signature  Date <u>5/28/98</u> Name (Typed or Printed) <u>IVAN AMADOR</u> Title <u>ASST. ADMIN.</u>																			

ISSUED: 07-03-1998

20552

(DO NOT TAPE OR STAPLE)