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| No. C 160894 | | Due no later than Jun 30, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. HOME CARE PROFESSIONALS OF ADAMS & WASHINGTON COUNTIES, INC. CARLTON M MADDOX 820 N. LINDER RD SUITE A MERIDIAN ID 83642 | | CARLTON M MADDOX 5257 FAIRVIEW AVE STE 190 BOISE ID 83706 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | CARLTON M MADDOX | 537 N KATIE WAY | KUNA | ID | USA | 83634 | |
| SECRETARY | LESLIE L POST | 500 E SEDGEWICK ST | MERIDIAN | ID | USA | 83646 | |
| 5. Organized Under the Laws of: ID C 160894 | | 6. Annual Report must be signed.* Signature: Leslie L Post Name (type or print): Leslie L Post Date: 06/30/2009 Title: Secretary | | | | | |
| Processed 06/30/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |