	T	ONS ON REVERSE SIDE	O Decision Assessed	4 04:	·
No. 82565	Due No Later Than November .1, 1990 1. Mailing Address — Please Correct		2. Registered Agent and	a Uttice	
Return To Secretary of State Room 203, Statehouse Boise, ID 83720			ROBERT TO GRUNER MANGE 6. 620 7300 HIGHWAY 2 WEST BOWNER MAIL, SUITE 36		
	3. Incorporated Under of	The Laws			
	NO FEE REQUIRED	SANDPOINT	ID 83864-0359	No: 082565	
4. Names and Addresses of Office	ers and Directors	,			
	<u>Name</u>	Street or P.O. Address	City	<u>State</u>	<u>Zip</u>
President: Secretary:	MARKE E.GRINGA	P.O. BOX 1 521	SANDPOINT	Fi)	F3864
Directors:	MARK E. GAUNER	RD. Box 1521	SAND POINT	20	83864
5. Nature of Business	6 I certify that	this Annual Report has been exa	mined by me and is to the	hest of my	knowledge
o. Hature of Dustress	true, correct	and complete.		A Section my	
Home Health AGENCY	Signature Name (Typed or Printed)	Mark E. Gruner	Date Title	July 16,	1990