No. C 109597		D	2. Registered	2. Registered Agent and Address (NO PO BOX) RUTH JOHNSON 629 11TH AVE NORTH BUHL ID 83316				
Return to:		Annual Report Form						
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing A						
		PERSONAL CONNECTION HOMECARE, INC. CARISA ELLIOTT 629 11TH AVE NORTH BUHL ID 83316						BOTIL ID
				3. <u>New</u> Regist	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Ente	r Names and Busin	ess Addresses of	f President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT CARISA D E		ELLIOTT	107 RAINBOW	BUHL	ID	USA	83316	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Carisa Elliott			Date: 03/10/2008			
C 109597		Name (type		Title: President				
Processed 03/10/200	8	* Electronically	provided signatures are accepted as origin	nal signatures.			_	