

No. **C 153114**

Due no later than Feb 28, 2005
Annual Report Form

Return to:

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

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box if applicable

NORTHSTAR HEALTHCARE SERVICES, INC.
524 11TH ST

IDAHO FALLS, ID 83404

2. Registered Agent and Office **NO PO BOX**

PAUL C MASON
524 11TH ST

IDAHO FALLS, ID 83404

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President, Director	Laura Mason	524 11th	Idaho Falls	ID	83404
Secretary	Paul Mason	524 11th	Idaho Falls	ID	83404

5. Organized Under the Laws of:

IDAHO
C 153114

6.

Signature

Paul C Mason

Date *Apr 20, 2005*

Name (Typed or
Printed)

Paul C. Mason

Title *Secretary*