

No. C110849	Annual Report Form 1996 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct COMPASSIONATE CARE, INC. SHEILA MURDOCK 4075 S ROSS AVE	SHEILA MURDOCK 4075 S ROSS AVE AMMON ID 83406
* FIRST NOTICE *	AMMON ID 83406	3. Organized Under the Laws of: ID C110849
4. Corporations: Enter Names and 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)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
President	Sheila Murdock	4075 S Ross
Secretary	Kent Murdock	4075 S Ross
Directors	Kent + Sheila Murdock	4075 S. Ross
		Ammon ID 83406
		Ammon ID 83406
		" " "
5. NATURE OF BUSINESS ANY LAWFUL Home Health Agency		
6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Sheila Murdock</u> Date <u>7-15-96</u> Name (Typed or Printed) <u>Sheila Murdock</u> Title <u>President</u>		
ISSUED: 37-0541996		8354