

No. C 97539	Annual Report Form 1996 Due No Later Than November 30,		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 ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct PERSONAL CARE, INC. RONALD FISSE ROUTE 1 3700 EAST 3755 NORTH KIMBERLY ID 83341		RONALD OR ADRIANNE FISSE ROUTE 1 3700 EAST 3755 NORTH KIMBERLY ID 83341
			3. Organized Under the Laws of: DE C 97539

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Ronald A. Fisse	3755 N 3700E	Kimberly	ID	83341
Vice Pres. / Secretary	Adrianne N. Fisse	SAB	"	"	"

5. NATURE OF BUSINESS NURSING SERVICE & HEALTH CARE PRODUCTS	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>Adrianne N. Fisse</u> Name (Typed or Printed) <u>ADRIANNE N. FISSE</u>	Date <u>10-18-96</u> Title <u>Vice Pres / Secretary</u>

ISSUED: 10-05-1996

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(DO NOT TAPE OR STAPLE)