

No. <b>C 57850</b>		<b>Due no later than Mar 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  COMMUNITY HOME HEALTH, INC. VERLENE D. KAISER 2739 STARCREST DR BOISE ID 83712-8420		GARDNER W SKINNER, JR. 1423 TYRELL LANE BOISE ID 83706			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	VERLENE D. KAISER	2739 STARCREST DRIVE	BOISE	ID	USA	83712-8420	
DIRECTOR	SHARIE MONTEFERRANTE	20961 S.W. SILETZ COURT	TUALATIN	OR	USA	97062-8420	
DIRECTOR	SHAWNA L. EXLINE	415 W. LAKE HAZEL ROAD	MERIDIAN	ID	USA	83642-8420	
DIRECTOR	GARY S. KAISER	617 N. PAULINS ST., UNIT 3 N	CHICAGO	IL	USA	60622-8420	
TREASURER	GARY L KAISER	2739 STARCREST DRIVE	BOISE	ID	USA	83712-8420	
5. Organized Under the Laws of:  <b>ID</b> <b>C 57850</b>		6. Annual Report must be signed.*  Signature: Verlene D. Kaiser Name (type or print): Verlene D. Kaiser					
		Date: 01/13/2010 Title: President					
Processed 01/13/2010		* Electronically provided signatures are accepted as original signatures.					