No. <b>C 98600</b>	D	Due no later than May 31, 2005			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  HEARTHSIDE HOME HEALTH AGENCY, INC.  HANNA L VERMAAS  1403 LEADORE AVE  PO BOX 1090  SALMON ID 83467 1090		HANNA L VERMAAS 1403 LEADORE AVE SALMON ID 83467 1090  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	HEARTHSIDE HANNA L VE							
NO FILING FEE IF RECEIVED BY DUE DATE	SALMON ID							
4. Corporations: Enter Names ar	d Business Addresses of	President, Secretary, and Directors. Treasurer	(optional).					
Office Held Name	9	Street or PO Address	City	State	Country	Postal Code		
	IAM L VERMAAS IA L VERMAAS	1403 LEADORE AVE PO BOX 1090 1403 LEADORE AVE PO BOX 1090	SALMON SALMON	ID ID	USA USA	83467 83467		
5. Organized Under the Laws of	6. Annual Repo	. Annual Report must be signed.*						
IDAHO	Signature: H	Signature: HANNA L. VERMAAS			Date: 06/06/2005			
C 98600	Name (type	Name (type or print): HANNA L. VERMAAS			Title: PRESIDENT/TREASURER			
Processed 06/06/2005	* Electronically	* Electronically provided signatures are accepted as original signatures.						