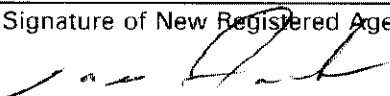
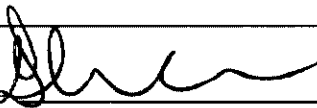


No. C100962	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct		GLEN AMADOR 7456 W STATE BOISE ID 83707																								
	TLC HOME HEALTH CARE AND NUR GLEN AMADOR 7456 W STATE BOISE ID 83703		3. Organized Under the Laws of: ID C100962																								
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																										
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 5%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>GLEN AMADOR</td> <td>59 SPRING CREEK</td> <td>Boise</td> <td>ID</td> <td>83707</td> </tr> <tr> <td>Vice President</td> <td>Ivan Amador</td> <td>5970 N. CREWE</td> <td>Boise</td> <td>ID</td> <td>83707</td> </tr> <tr> <td>Secretary</td> <td>Tiffany Amador</td> <td>59 SPRING CREEK</td> <td>Boise</td> <td>ID</td> <td>83707</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	GLEN AMADOR	59 SPRING CREEK	Boise	ID	83707	Vice President	Ivan Amador	5970 N. CREWE	Boise	ID	83707	Secretary	Tiffany Amador	59 SPRING CREEK	Boise	ID	83707
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5. Signature of New Registered Agent 	6. Signature  Date _____ Name (Typed or Printed) <u>GLEN AMADOR</u> Title _____																										

ISSUED: 07-03-1999

21310