

<b>No. 83710</b>  Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1, 1990</i> Mailing Address — Please Correct TWIN FALLS CARE CENTER, INC BRENT BROCKSOME 277 N. 6TH ST. PARK PLACE BOISE ID 83702	2. Registered Agent and Office CHRISTOPHER J. BEESON 277 NORTH 6TH STREET BOISE ID 83702 19 3. Incorporated Under The Laws of ID NO: 083710																				
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: , Tres. &amp; Dir. Brent Brocksome</td> <td>11277 Verde Lane</td> <td>Boise</td> <td>Idaho</td> <td>83709</td> </tr> <tr> <td>Secretary: , V.P. &amp; Dir. Patricia Brocksome</td> <td>11277 Verde Lane</td> <td>Boise</td> <td>Idaho</td> <td>83709</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: , Tres. & Dir. Brent Brocksome	11277 Verde Lane	Boise	Idaho	83709	Secretary: , V.P. & Dir. Patricia Brocksome	11277 Verde Lane	Boise	Idaho	83709	Directors:				
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5. Nature of Business Nursing Care	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature <i>Brent Brocksome</i></td> <td>Date 10/31/90</td> </tr> <tr> <td>Name (Typed or Printed) Brent Brocksome</td> <td>Title President</td> </tr> </table>		Signature <i>Brent Brocksome</i>	Date 10/31/90	Name (Typed or Printed) Brent Brocksome	Title President																
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