No. C 89115 Return to:		Due no later than Apr 30, 2017 Annual Report Form		2. Registered Age	Registered Agent and Address (NO PO BOX) LESLEY ALBJERG			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NURSING HOME MINISTRIES DONALD A DEBOER PO BOX 22246		CALDWELL ID	16470 DIETZ WAY CALDWELL ID 83607			
NO FILING FEE IF RECEIVED BY DUE DATE		PORTLAND OR 97269-2246		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	HAROLD L WHITE		PO BOX 132	AUMSVILLE	OR	USA	97325	
DIRECTOR	ALAN BAUMGARDEN		1751 NE 59TH AVE	PORTLAND	OR	USA	97213	
VICE PRESIDENT	E PRESIDENT WAYNE FRAS		17545 BRADEN CT	GLADSTONE	OR	USA	97027	
PRESIDENT	DAVID L MARTIN		30 DAVINCI	LAKE OSWEGO	OR	USA	97035	
SECRETARY	CORY KAUFMAN		5322 SE 51ST AVE	PORTLAND	OR	USA	97206-5625	
DIRECTOR	MARILYN CHAPMAN		6368 SE PINE CREEK WAY	MILWAUKIE	OR	USA	97267	
DIRECTOR	GRANT H MCALLISTER		24002 NE OREGON ST	TROUTDALE	OR	USA	97060	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
OR		Signature: David L. Martin		Date: 02	Date: 02/27/2017			
C 89115		Name (type or print): David L. Martin		Title: P	Title: President of Board			
Processed 02/27/2017		Electronically provided signatures are accepted as original signatures.						