

No. C 106178

Due no later than May 31, 2008

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

OPTION HOME HEALTH CARE SERVICES, I
~~SARAH GREENER~~ Keith D Brown
~~1326 NASH~~
~~SPOKANE, WA 99204~~KEITH D BROWN
2512 E BLACKFOREST AVE
POST FALLS, ID 83854NO FILING FEE IF
RECEIVED BY DUE DATE2512 E Black Forest Avenue
Post Falls, ID 838543. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

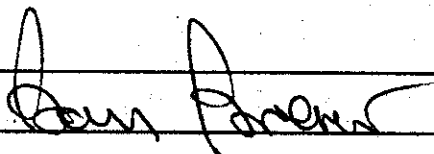
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President/Director	Sarah Greener	1326 N. Ash St.	Spokane	WA	99201
V.Pres./Director	Gary Greener	1326 N. Ash St.	Spokane	WA	99201
Sec-Tres/Director	Steve Oliva	915 W. 11th St.	Vancouver	WA	98660

5. Organized Under the Laws of:

WASHINGTON
C 106178

6.

Signature



Date

3-12-08

Name (Typed or Printed)

Gary Greener

Title

V.Pres./Director