

No. C 98561	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX <div style="border: 1px solid black; padding: 5px; margin: 5px;"> CHRISTOPHER CLOSE 823-16th Ave. LEWISTON ID 83501 </div>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct <div style="border: 1px solid black; padding: 5px; margin: 5px;"> ABLE HOME HEALTH SERVICES, I XXXXXXXXXXXXXXXXXXXX 803-16TH AVE STE 101 823-16th Ave, LEWISTON ID 83501 </div>		3. Organized Under the Laws of: ID C 98561
* FIRST NOTICE *			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors New Agt: Christopher Close Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
President	Christopher Close	4049 Finucane Dr	Id 83835
Vice President	Linda Close	1515 Lochhaven Dr	Id 83835
Secretary	Lana Broncheau	710 25th Ave.	Id 83501
Treasurer	Christopher Close	4049 Finucane Dr.	Id 83835
5. NATURE OF BUSINESS <div style="font-size: 1.5em; font-family: cursive;">SA</div> HEALTH CARE SERVICES		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>PC</i></u> Date <u>8/6/96</u> Name (Typed or Printed) <u>Christopher Close</u> Title <u>President/Agent</u>	

ISSUED: 07-06-1996

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