	INSTR	RUCTIONS ON REVERSE SIDE	ISSUED JULY 1	
No. 29133 Idah		ration Annual Report Form	2. Registered Agent and Office VERLA OLSON	
Return To	Due No Later Than November 1,1989 1. Mailing Address — Please Correct 29133 LATAH CARE CENTER, INC. VERLA OLSON 510 PALOUSE RIVER DRIVE		510 WEST PALO	USE RIVER DRIVE
Secretary of State			MOSCOW ID 83843 3. Incorporated Under The Laws of IDAHO	
Room 203, Statehouse Boise, 10-83720				
SEC. OF STATE				
89 80TF36 7F198 88	MOSCOW	ID 83843		NO: 29133
4. Names and Addresses of Office	ers and Directors			
	<u>Name</u>	Street or P.O. Address	<u>City</u>	State Zip
President: JAMES LY Secretary: NORMA DO Directors: SYLVIA S ELMER RA CAROL RE CHARLES PAT PARS DANA MAG	BLER CHOEPFLIN V.P. UNIO NFREW BARTELL ONS	1650 EAST DAVES AVE. 1401 ALPOWA AVE. 1352 SADDLE RIDGE ROAD 708 RIDGE ROAD 1271 WALENTA DRIVE 609 N. ALMOND #2022 P.O. BOX 49 P.O. BOX 8068	MOSCOW MOSCOW VIOLA MOSCOW MOSCOW MOSCOW DEARY MOSCOW	IDAHO 83843 IDAHO 83843 IDAHO 83872 IDAHO 83843 IDAHO 83843 IDAHO 83843 IDAHO 83823 IDAHO 83843
5. Nature of Business NURSING HOME	6. I certify true, col	that this Annual Report has been exampled and complete. James James Ly	·	e best of my knowledge 0-26-89