

No. C 89115		Due no later than Apr 30, 2009		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. NURSING HOME MINISTRIES DONALD A DEBOER PO BOX 22246 PORTLAND OR 97269-2246		JAMES DAVIS 506 S RIVER DR HEYBURN ID 83336		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	HAROLD L WHITE	PO BOX 132	AUMSVILLE	OR	USA	97325-0132
DIRECTOR	GRANT H MCALLISTER	24002 NE OREGON ST	TROUTDALE	OR	USA	97060
DIRECTOR	KENNETH BROWN	20248 HWY 213 #9	OREGON CITY	OR	USA	97045
DIRECTOR	ALAN BAUMGARDEN	1751 NE 59TH AVE	PORTLAND	OR	USA	97213
DIRECTOR	MARTHA E BAKER	9540 SW 146TH TERR T-2	BEAVERTON	OR	USA	97007
DIRECTOR	WAYNE FRASE	17545 BRADEN CT	GLADSTONE	OR	USA	97027
TREASURER	ELDEN WRIGHT	17580 SE SUNNYSIDE RD	BORING	OR	USA	97009
SECRETARY	ELDEN WRIGHT	17580 SE SUNNYSIDE RD	BORING	OR	USA	97009
PRESIDENT	DAVID L MARTIN	30 DAVINCI	LAKE OSWEGO	OR	USA	97035
5. Organized Under the Laws of: OR C 89115		6. Annual Report must be signed.* Signature: David L. Martin Name (type or print): David L. Martin Date: 02/16/2009 Title: President Of Board				
Processed 02/16/2009		* Electronically provided signatures are accepted as original signatures.				