

July 14, 1997

WILLIAM BACON
NORTHWEST HOME HEALTH W 1598
812 E CLARK
POCATELLO ID 83201

RE: NORTHWEST HOME HEALTH W 1598

Greetings:

Please find enclosed your recently submitted annual report for the 1997-1998 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the name(s) and address(es) and the appropriate box in block 4 are complete. Idaho law requires that at least one (1) manager/member of the limited liability company be listed. Please make the appropriate corrections and resubmit the annual report to this office before December 1, 1997 to avoid cancellation.

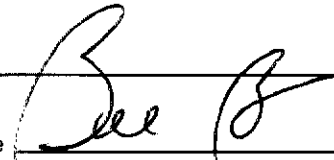
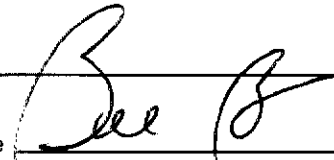
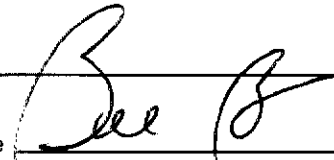
If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries
Corporate Division

Enclosures: cited

No. W 1598	Annual Report Form 1997 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct NORTHWEST HOME HEALTH ALLIAN WILLIAM F BACON 812 E CLARK POCATELLO ID 83201		WILLIAM F BACON 800 YELLOWSTONE POCATELLO ID 83201 3. Organized Under the Laws of: ID W 1598													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0" style="width:100%"> <tr> <td style="text-align:center"><u>Office held</u></td> <td style="text-align:center"><u>Name</u></td> <td style="text-align:center"><u>Street or P.O. Address</u></td> <td style="text-align:center"><u>City</u></td> <td style="text-align:center"><u>State</u></td> <td style="text-align:center"><u>Zip</u></td> </tr> <tr> <td colspan="6" style="height: 150px;"></td> </tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>						
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
5. SIGNATURE OF CURRENT RA		6. <table border="0" style="width:100%"> <tr> <td style="width:30%">Signature</td> <td style="width:30%"></td> <td style="width:20%">Date</td> <td colspan="2" style="width:20%">7-11-97</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Bill Bacon</td> <td>Title</td> <td colspan="2">PRES</td> </tr> </table>			Signature		Date	7-11-97		Name (Typed or Printed)	Bill Bacon	Title	PRES			
Signature		Date	7-11-97													
Name (Typed or Printed)	Bill Bacon	Title	PRES													

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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