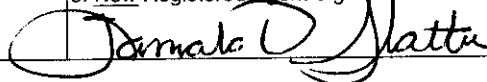
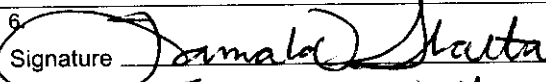


<b>No. W 13098</b>	<b>Due no later than Oct 31, 2002</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable HOME CARE OPTIONS, L.L.C. 308 SHOSHONE STREET EAST STE 3 TWIN FALLS, ID 83301		TAMALA D SLATTER- <del>SECRETARY</del> 308 SHOSHONE STREET EAST ST TWIN FALLS, ID 83301
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	3. New Registered Agent Signature 		
4. Limited Liability Companies: Enter Names and Addresses of Members.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
		<u>State</u>	<u>Zip</u>
	member Tamala D Slatter	2334 E 3700 N.	File
			FD 83328
	member Madlyn R. Shepherd	3686 N 2710 E	Twin Falls
			FD 83301
5. Organized Under the Laws of:  IDAHO W 13098		6.  Signature _____ Date <u>9/24/02</u> Name (Typed or Printed) <u>Tamala D Slatter</u> Title <u>Member</u>	