

ISSUED: 10-04-1990

No. 75939 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1.</i> 1. Mailing Address — Please Correct Residential Care Center CEDAR CREST RETIREMENT CEN CHARLENE HUMPHERYS 1700 EAST 6TH SOUTH MOUNTAIN HOME ID 83647	2. Registered Agent and Office CHARLENE HUMPHERYS 490 EAST 2ND NORTH MOUNTAIN HOME ID 83647 3. Incorporated Under The Laws of ID NO: 075939																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Charlene Humpherys</td> <td>480 E 2N</td> <td>Mtn. Home</td> <td>ID</td> <td>83647</td> </tr> <tr> <td>Secretary:</td> <td>Clarice Miner</td> <td>6418 Ustick Rd.</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>Directors:</td> <td>Greg Humpherys</td> <td>480 E 2N</td> <td>Mtn Home</td> <td>ID</td> <td>83647</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Charlene Humpherys	480 E 2N	Mtn. Home	ID	83647	Secretary:	Clarice Miner	6418 Ustick Rd.	Boise	ID	83704	Directors:	Greg Humpherys	480 E 2N	Mtn Home	ID	83647
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5. Nature of Business Care Center	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td><u>Signature</u></td> <td><u>Date</u></td> </tr> <tr> <td><i>Charlene Humpherys</i></td> <td>10-10 - 90</td> </tr> <tr> <td><u>Name (Typed or Printed)</u></td> <td><u>Title</u></td> </tr> <tr> <td>CHARLENE HUMPHERYS</td> <td>PRES</td> </tr> </table>		<u>Signature</u>	<u>Date</u>	<i>Charlene Humpherys</i>	10-10 - 90	<u>Name (Typed or Printed)</u>	<u>Title</u>	CHARLENE HUMPHERYS	PRES																
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