

<b>No. C 133457</b>	<b>Due no later than Apr 30, 2003</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>  DEBRA L GATES MOGELSON 147 MAIN AVE EAST  TWIN FALLS, ID 83301
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box if applicable FIRST CHOICE HOSPICE, INC.  147 MAIN AVE EAST  TWIN FALLS, ID 83301	3. <u>New</u> Registered Agent Signature _____

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	Debra L. Gates-Mogelson				
Director		147 Main Ave. E.	Twin Falls	ID	83301
Secr.	Stanley Mogelson				
Director		660 Shoshone Street	Twin Falls	ID	83301
Treas.	Barbara R. Bacon				
Director		147 Main Ave. E.	Twin Falls	ID	83301

5. Organized Under the Laws of:  IDAHO C 133457	6. Signature <u>Debra L. Gates-Mogelson</u> Date <u>February 11, 2003</u>  Name <small>(Typed or Printed)</small> <u>Debra L. Gates-Mogelson</u> Title <u>President</u>
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