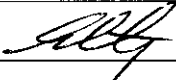


No. C 130383	Due no later than Sep 30, 2000 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ABOVE AND BEYOND HOME HEALTH CARE I MARK WASHINGTON 321 SECOND ST SO STE 102 NAMPA, ID 83651		MARK WASHINGTON 321 SECOND ST SO STE 102 NAMPA, ID 83651													
			3. New Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>DIRECTOR</td> <td>MARK WASHINGTON</td> <td>5021 FAIRMONT ST.</td> <td>BOISE</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	DIRECTOR	MARK WASHINGTON	5021 FAIRMONT ST.	BOISE	ID	83706
Office held	Name	Street or P.O. Address	City	State	Zip											
DIRECTOR	MARK WASHINGTON	5021 FAIRMONT ST.	BOISE	ID	83706											
5. Organized Under the Laws of: IDAHO C 130383		6. Signature  Date <u>8-22-00</u> Name (Typed or Printed) <u>MARK WASHINGTON</u> Title: <u>DIRECTOR</u> XXXX														

Issued 07/10/2000

Do Not Tape or Staple

2022