

|  |                 |   |               |  |                  |             |
|--|-----------------|---|---------------|--|------------------|-------------|
| No. <b>C 175405</b>  |                 | <b>Due no later than Oct 31, 2009</b>   |               | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |                  |             |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>ON SITE FOR SENIORS, INC.<br>PO BOX 238<br>HAYDEN ID 83835 |               | SUSAN MELCHIORE<br>2003 LINCOLN WY<br>COEUR D'ALENE ID 83814 |                  |             |
|  |                 |   |               | 3. <u>New</u> Registered Agent Signature:*                   |                  |             |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                 |   |               |  |                  |             |
| Office Held  | Name            | Street or PO Address  | City          | State  | Country          | Postal Code |
| DIRECTOR   | SUSAN MELCHIORE | PO BOX 238  | HAYDEN        | ID   | USA              | 83835       |
| DIRECTOR   | LYNDA ARNOLD    | PO BOX 74   | RATHDRUM      | ID   | USA              | 83858       |
| DIRECTOR   | JEFF WILLIAMS   | 202 E ANTON STE 206   | COEUR D'ALENE | ID   | USA              | 83815       |
| PRESIDENT  | ROBERT THORNTON | 700 IRONWOOD DR   | COEUR D'ALENE | ID   | USA              | 83814       |
| TREASURER  | DIANE THORNTON  | 700 IRONWOOD DR   | COEUR D'ALENE | ID   | USA              | 83814       |
| 5. Organized Under the Laws of:  |                 | 6. Annual Report must be signed.*   |               |  |                  |             |
| <b>ID<br/>C 175405</b>   |                 | Signature: Susan Melchiore  |               |  | Date: 10/31/2009 |             |
|  |                 | Name (type or print): Susan Melchiore   |               |  | Title: Med Dir   |             |
| Processed 10/31/2009   |                 | * Electronically provided signatures are accepted as original signatures.   |               |  |                  |             |