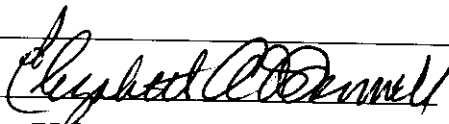


<b>No. C 89824</b> Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Due no later than Jul 31, 2000 Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable PROFESSIONAL HOME HEALTH CARE, INC. <del>XXXXXX</del> 2015 Amer. Leg Blvd MOUNTAIN HOME, ID 83647	2. Registered Agent and Office <b>NO PO BOX</b> ELIZABETH O'DONNELL 235 N 3RD E MOUNTAIN HOME, ID 83647 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Elizabeth A O'Donnell</td> <td>305 Sunrise Dr</td> <td>Mtn Home</td> <td>ID</td> <td>83647</td> </tr> </tbody> </table> <p style="margin-top: 20px;">(DELAYED BECAUSE OF INCORRECT ADDRESS _ CORR ADDRESS ABOVE HIGHLIGHTED)</p>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Elizabeth A O'Donnell	305 Sunrise Dr	Mtn Home	ID	83647
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President	Elizabeth A O'Donnell	305 Sunrise Dr	Mtn Home	ID	83647									
5. Organized Under the Laws of:  IDAHO C 89824	6. Signature  Date <u>06/02/00</u> Name <small>(Typed or Printed)</small> <u>ELIZABETH A O'DONNELL</u> Time <u>12Noon</u>													

Issued 05/10/2000

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