

No. 87385 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 — <i>Please Correct</i> IDAHO FALLS CARE CENTER, IN BRENT BROCKSOME 277 NORTH 6TH ST., SUITE BOISE ID 83702	2. Registered Agent and Office CHRISTOPHER J. BEESON 277 NORTH 6TH ST., SUITE BOISE ID 83702 3. Incorporated Under The Laws of ID NO: 087385																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></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>President:</td> <td>BRENT BROCKSOME</td> <td>960 Broadway Suite 260</td> <td>Boise</td> <td>Ida</td> <td>83706</td> </tr> <tr> <td>Secretary:</td> <td>PAT BROCKSOME</td> <td>11277 Verde</td> <td>Boise</td> <td>Ida</td> <td>83709</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	BRENT BROCKSOME	960 Broadway Suite 260	Boise	Ida	83706	Secretary:	PAT BROCKSOME	11277 Verde	Boise	Ida	83709	Directors:					
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Directors:																										
5. Nature of Business Health Care	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>Signature</td> <td><i>Brent Brocksome</i></td> <td>Date</td> <td>10-18-90</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>BRENT BROCKSOME</td> <td>Title</td> <td>President</td> </tr> </table>		Signature	<i>Brent Brocksome</i>	Date	10-18-90	Name (Typed or Printed)	BRENT BROCKSOME	Title	President																
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