

No. C 75939

Due no later than May 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

CHARLENE HUMPHERYS
490 EAST 2ND NORTH
MOUNTAIN HOME, ID 83647

3. New Registered Agent Signature

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable
CEDAR CREST RETIREMENT CENTER, INC.
CHARLENE HUMPHERYS
1200 E 6TH S
MOUNTAIN HOME, ID 83647

NO FILING FEE IF
RECEIVED BY DUE DATE

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	Charlene Humpherys	480 E 6 S	Mtn Home	ID	83647
V. Pres	Greg Humpherys	14203 Caribou	Caldwell	ID	83607

5. Organized Under the Laws of:

6.

Signature

Charlene Humpherys

Date

3-15-08