	Due no later than February 29, 2004		2. Registered Agent and Office NO PO BOX	
No. C 142662	Annual Report Form		CARLENE A MADALENA	
Return to: SECRETARY OF STATE	1 Mailing Address - Correct in this box, if applica	ble 3	8649 NORTH 1900 I	EAST
700 WEST JEFFÉRSON PO BOX 83720	HOMELIFE CARE, INC. CARLENE A MADALENA 3649 NORTH 1900 EAST		FILER, ID 83328	
BOISE, ID 83720-0080	3043 1401/11 1000 12:10	3	New Registered Ager	nt Signature
NO FILING FEE IF	FILER, ID 83328			
RECEIVED BY DUE DATE	lames and Business Addresses of President,	Secretary a	and Directors.	
Office hold Name	Street or P.O. Address Madalena 3649 N 1900 E Madalena 3649 N 1900 E Iene Madalena 3649 N. 1900 E Madalena 3649 N. 1900 E Madalena 3649 N. 1900 E	City	T 1. 1.0	<u>Zip</u> 83328 83328 83328 83328
5. Organized Under the Laws of IDAHO C 142662	Signature 1 Ma	da lena	Date Title	wary 8,2009 Sident
Issued 12/01/200	- N. I. Tama ay Ctania		the state of the s	2442