

No. C 134982	Due no later than Jul 31, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable DD NURSING SERVICES, INC. 845 WINONA DR IDAHO FALLS, ID 83401	KAREN R LEAVITT 845 WINONA DR IDAHO FALLS, ID 83401 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; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>KAREN LEAVITT</td> <td>845 Winona</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>Secretary</td> <td>KAREN LEAVITT</td> <td>845 Winona</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>Director</td> <td>KAREN LEAVITT</td> <td>845 Winona</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83401</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	KAREN LEAVITT	845 Winona	IDAHO FALLS	ID	83401	Secretary	KAREN LEAVITT	845 Winona	IDAHO FALLS	ID	83401	Director	KAREN LEAVITT	845 Winona	IDAHO FALLS	ID	83401
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5. Organized Under the Laws of: IDAHO C 134982	6. Signature <u>Karen Leavitt</u> Date <u>8-1-01</u> Name (Typed or Printed) <u>KAREN LEAVITT</u> Title <u>PRESIDENT</u>																									

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