

No. C 72399	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct HERITAGE RETIREMENT CENTER, HAROLD A. DRAKE 1777 SOUTH CURTIS ROAD BOISE ID 83705		HAROLD A. DRAKE 1777 SOUTH CURTIS ROAD BOISE ID 83705 3. Organized Under the Laws of: ID C 72399																			
* FIRST NOTICE *																						
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0" style="width:100%"> <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>Harold A. Drake</td> <td>768 Canyon Rim Rd.</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>Nelma L. Drake</td> <td>768 Canyon Rim Rd.,</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President :	Harold A. Drake	768 Canyon Rim Rd.	Twin Falls,	ID	83301	Secretary:	Nelma L. Drake	768 Canyon Rim Rd.,	Twin Falls,	ID	83301
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5. NATURE OF BUSINESS GERIATRIC 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. Signature <u>Harold A. Drake</u> Date <u>7-18-96</u> Name <small>(Typed or Printed)</small> <u>Harold A. Drake</u> Title <u>President</u>																					

ISSUED: 07-06-1996

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