

No. <b>C 114424</b>	<b>Due no later than Apr 30, 2002</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		MICHAEL GALLUS												
	NORTHWEST RESIDENTIAL CARE, INC.  3050 E HARRISON AVE  COEUR D ALENE, ID 83814		3050 E HARRISON AVE  COEUR D ALENE, ID 83814  3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>MIKE GALLUS</td> <td>3050 E HARRISON</td> <td>COA</td> <td>ID</td> <td>83814</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>	Pres	MIKE GALLUS	3050 E HARRISON	COA	ID	83814
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Pres	MIKE GALLUS	3050 E HARRISON	COA	ID	83814										
5. Organized Under the Laws of:  IDAHO C 114424		6. Signature <u>Mike Gallus Pres</u> Date <u>3-22-02</u> Name (Typed or Printed) <u>MIKE GALLUS</u> Title <u>Pres.</u>													