

No. C 108259	Due no later than Nov 30, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX HANNA L VERMAAS 1403 LEADORE AVE SALMON, ID 83467																		
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 HEARTHSIDE HEALTHCARE MANAGEMENT, I HANNA L VERMAAS PO BOX 1090 SALMON, ID 83467 - 1090	3. New 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;"><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>Pres/Treas</td> <td>Hanna L Vermaas</td> <td>1403 Leadore Ave</td> <td>Salmon</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>VPres/Sec</td> <td>William L Vermaas</td> <td>1403 Leadore Ave</td> <td>Salmon</td> <td>ID</td> <td>83467</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/Treas	Hanna L Vermaas	1403 Leadore Ave	Salmon	ID	83467	VPres/Sec	William L Vermaas	1403 Leadore Ave	Salmon	ID	83467
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5. Organized Under the Laws of: IDAHO C 108259	6. Signature <u>Hanna L. Vermaas</u> Date <u>093002</u> Name (Typed or Printed) <u>Hanna L. Vermaas</u> Title <u>Pres/Treas</u>																			