

No. 97539

**Idaho Corporation Annual Report Form**

*Due No Later Than November 1, 1994*

*Return To*

**Secretary of State  
Room 203, Statehouse  
P.O. BOX 83720  
Boise, ID 83720-0080**

★ FIRST NOTICE ★  
NO FEE REQUIRED

**1. Mailing Address —**

PERSONAL CARE, INC. DBA *PERSONAL TOUCH, INC.*  
RONALD FISSE  
ROUTE 1  
3700 EAST 3755 NORTH  
KIMBERLY ID 83341

2. Registered Agent and Office **NOT A P.O. BOX**

RONALD DR ADRIANNE FISSE  
ROUTE 1  
3700 EAST 3755 NORTH  
KIMBERLY ID 83341

3. Incorporated Under The Laws

of *DE*  
NO: 97539

**4. Names and Addresses of Officers and Directors**

**MUST BE PRINTED OR TYPED**

Name

Street or P.O. Address

City

State

Zip

President:

*RONALD FISSE*

*3755 N 3700 E*

*KIMBERLY*

*ID*

*83341*

Secretary:

*ADRIANNE FISSE*

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Directors:

**5. Nature of Business**

*CONTRACT NURSING*

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

Name (Typed or Printed)

*Ronald Fisse*  
*RONALD A FISSE*

Date

Title

*9/30/94*

*PRESIDENT*