

No. <b>C 89277</b>	<b>Annual Report Form</b> 1995 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, if Not Correct  QUALITY CARE COUNTRY ESTATES JOLENE TUMA PO BOX 2637		JOLENE TUMA 3811B ROAD 2700 E.  TWIN FALLS      ID    83301																			
	3. Organized Under the Laws of:		ID                      C 89277																			
	* FIRST NOTICE *      TWIN FALLS      ID 83303																					
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 5%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Jolene W. Tuma</td> <td>511 Monte Vista</td> <td>Twin Falls,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>V.P.</td> <td>Charles A. Tuma</td> <td>571 Monte Vista</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	Jolene W. Tuma	511 Monte Vista	Twin Falls,	ID	83301	V.P.	Charles A. Tuma	571 Monte Vista	Twin Falls,	ID	83301
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V.P.	Charles A. Tuma	571 Monte Vista	Twin Falls,	ID	83301																	
5. NATURE OF BUSINESS  HEALTH CARE SERVICES		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><i>Charles A. Tuma</i></u> Date <u>11/30/96</u> Name (Typed or Printed) <u>Charles A. Tuma</u> Title <u>V.P.</u>																				

ISSUED: 07-06-1995

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