No. C 150134	Due no later than July 31, 2007 Annual Report Form 1. Mailing Address - Correct in this box. if applicable: 14 A FULL LIFE HOME CARE, INC. 9297 N GOVERNMENT WAY HAYDEN, ID 83835		2. Registered Agent and Office NO PO BOX PAUL W DAUGHARTY PA 110 E WALLACE AVE COEUR D'ALENE, ID 83814 3. New Registered Agent Signature		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080					
NO FILING FEE IF			1.		
RECEIVED BY DUE DATE Compositions: Enter Name	es and Business Addresses of President, Secreta	ary and Dir	ectors.		
Office held Name	Street or P.O. Address	ity Iden	State	<u>z.</u> 83835	
Director		den	ID .	83835	
Director					
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5. Organized Under the Laws of: IDAHO	6. Signature	ノ	_ Date <u>5</u> /	14/07	
C 150134	Name Printed Donald Gross		_ Title <u>Pre</u>	sident	
Issued 05/01/2007	Do Not Tape or Staple		200707003149		