

No. <u>C 34352</u>	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct QUALITY HOME SERVICES, INC. JOLENE TUMA P.O. BOX 2637		JOLENE TUMA E. 2700 ROAD #3811-B TWIN FALLS ID 83303																		
	3. Organized Under the Laws of: ID C 84952																				
* FIRST NOTICE * TWIN FALLS ID 83303																					
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 35%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</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>83304</td> </tr> <tr> <td>V.P.</td> <td>Charles R. Tuma</td> <td>511 Monte Vista</td> <td>Twin Falls,</td> <td>Id</td> <td>83304</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Jolene W. Tuma	511 Monte Vista	Twin Falls,	Id	83304	V.P.	Charles R. Tuma	511 Monte Vista	Twin Falls,	Id	83304
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5. NATURE OF BUSINESS IN HOME HEALTH CARE		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>[Signature]</i></u> Date <u>7/30/96</u> Name (Typed or Printed) <u>Charles R. Tuma</u> Title <u>V.P.</u>																			

ISSUED: 07-05-1995

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