

No. C 72573	<b>Annual Report Form</b> Due No Later Than November 30, 1999		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 <b>NO FEE REQUIRED</b>	<del>LESLIE PARK</del>		<del>LESLIE PARK</del>													
	HOSPICE OF THE PALOUSE, INC. LESLIE PARK 700 S MAIN MOSCOW ID 83843		700 S MAIN MOSCOW ID 83843  3. Organized Under the Laws of: ID C 72573													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)  <table border="0" style="width:100%"><tr><td style="text-align:center"><u>Office held</u></td><td style="text-align:center"><u>Name</u></td><td style="text-align:center"><u>Street or P.O. Address</u></td><td style="text-align:center"><u>City</u></td><td style="text-align:center"><u>State</u></td><td style="text-align:center"><u>Zip</u></td></tr><tr><td>Director</td><td>Julie A Nelson RN</td><td>700 S main</td><td>moscow</td><td>Id</td><td>83843</td></tr></table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Director	Julie A Nelson RN	700 S main	moscow	Id	83843
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Director	Julie A Nelson RN	700 S main	moscow	Id	83843											
5. Signature of New Registered Agent Julie A. Nelson RN 700 S. main moscow ID 83843		6. Signature <u>Julie A. Nelson RN</u> Date <u>12/21/99</u> Name (Typed or Printed) <u>Julie A. Nelson RN</u> Title <u>12/21/99</u>														