

No. C 178461		Due no later than May 31, 2011 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. FAMILY HOME CARE CORPORATION JEFFREY R KOLCUM 22820 E APPLEWAY LIBERTY LAKE WA 99019-9514		JANET D ROBNETT 701 E FRONT AVE #101 COEUR D'ALENE ID 83814-4914			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MICHAEL D NOWLILNG	22820 E APPLEWAY	LIBERTY LAKE	WA	USA	99019-9514	
5. Organized Under the Laws of: WA C 178461		6. Annual Report must be signed.* Signature: Jeffrey R Kolcum Name (type or print): Jeffrey R Kolcum			Date: 03/30/2011 Title: Cfo		
Processed 03/30/2011		* Electronically provided signatures are accepted as original signatures.					