

No. C 98600		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. HEARTHSIDE HOME HEALTH AGENCY, INC. HANNA L VERMAAS 1403 LEADORE AVE PO BOX 1090 SALMON ID 83467-1090 USA		HANNA L VERMAAS 1403 LEADORE AVE SALMON ID 83467-1090			
						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	HANNA L VERMAAS	1403 LEADORE AVE PO BOX 1090	SALMON	ID	USA	83467-1090	
SECRETARY	WILLIAM L VERMAAS	1403 LEADORE AVE PO BOX 1090	SALMON	ID	USA	83467-1090	
5. Organized Under the Laws of: ID C 98600		6. Annual Report must be signed.* Signature: Hanna Vermaas Name (type or print): Hanna Vermaas					
		Date: 04/30/2011 Title: President					
Processed 04/30/2011		* Electronically provided signatures are accepted as original signatures.					