No. C 89115  Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Apr 30, 2014 Annual Report Form  1. Mailing Address: Correct in this box if needed.  NURSING HOME MINISTRIES DONALD A DEBOER PO BOX 22246 PORTLAND OR 97269-2246 USA		2. Registered Age	2. Registered Agent and Address (NO PO BOX)  JAMES DAVIS 506 S RIVER DR HEYBURN ID 83336  3. New Registered Agent Signature:*			
				JAMES DAVIS				
				HEYBURN ID				
				3. <u>New</u> Registered				
4. Corporations: Enter N	lames and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR VICE PRESIDENT PRESIDENT DIRECTOR DIRECTOR DIRECTOR SECRETARY	SHIRLEY FLE WARREN FL MARILYN CH HAROLD L N ALAN BAUM WAYNE FRA DAVID L MA ROSEMARY TED HEYDEL CORY KAUFI	EISCHMANN HAPMAN WHITE GARDEN SE ARTIN HEYDEL	15229 SE 130TH DR 15229 SE 130TH DR 6368 SE PINE CREEK WAY PO BOX 132 1751 NE 59TH AVE 17545 BRADEN CT 30 DAVINCI 17400 SE OATFIELD RD 17400 SE OATFIELD RD 5322 SE 51ST AVE	CLACKAMAS CLACKAMAS MILWAUKIE AUMSVILLE PORTLAND GLADSTONE LAKE OSWEGO MILWAUKIE MILWAUKIE PORTLAND	OR OR OR OR OR OR OR OR OR	USA	97015 97015 97267 97325-0132 97213-0132 97027-0132 97035-0132 97267-0132 97266-5625	
5. Organized Under the Laws of:  OR C 89115		6. Annual Report must be signed.* Signature: David L. Martin Name (type or print): David L. Martin			Date: 02/17/2014 Title: President of Board			
Processed 02/17/2014		* Electronically pro	vided signatures are accepted as origina	l signatures.				