|  |                  | Due no later than Dec 31, 2001                       |                           |                    | 2. Registered Agent and Office NO PO BOX |            |
|--|------------------|--|---------------------------|--------------------|--|------------|
| No. C 97090  |                  | Annual Report Form                                   |                           |                    | BARBARA NOBLE                            |            |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON |                  | Mailing Address - Correct in this box, if applicable |                           |                    | 5901 ELLENS FERRY WAY<br>BOISE, ID 83704 |            |
|  |                  | GREEN ACRES CARE CENTER, INC.                        |                           |                    |  |            |
| PO BOX 83720<br>BOISE, ID 83720-0080                   |                  | PO BOX 2255  |                           | [3                 | 3. New Registered Agent Signature        |            |
| NO FILING FEE IF                                       |                  | WENATCHEE, WA 98807                                  |                           |                    |  |            |
| RECEIVED BY DU   | E DATE           |  | Business Addresses of Pre | esident, Secretary | and Directors.                           |            |
|  |                  | nes and  | Street or P.O. Address    | <u>City</u>        | State                                    | <u>Zip</u> |
| Office held  | Name<br>Thomas F |  | 1225 Orchard              | Wenatche           | e WA                                     | 98801      |
| President  |                  |  | 1225 Orchard              | Wenatche           | e WA                                     | 98801      |
| Secretary<br>Director                                  |                  |  | 1225 Orchard              | Wenatche           | e WA                                     | 98801      |
|  | the Laws Of      |  | 6.                        | and the le         | Date /                                   | pliold     |
| 5. Organized Unde                                      | WASHINGT         | ON   | Signature                 |                    |  |            |
| 1  | C 97090          |  | Name Printer) Thomas      | H. Dye             | Title Pre                                |            |
| lecued   | 10/02/2001       |  | Do Not Tape of            | r Staple           |  | 54         |