

No. L 1281

Due no later than June 30, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CT CORPORATION SYSTEM
300 N 6TH ST
BOISE, ID 83701

TRINITY MISSION HEALTH & REHAB OF H
WILLIAM S. FRIEDMAN
1270 AVE. OF THE AMERICAS
STE. 1400
NEW YORK, NY 10020

475 Jack Kramer
Drive
Memphis, TN
38117-4241

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Limited Partnerships: Enter Names and Business Addresses of General Partners.

Office held	Name	Street or P.O. Address	City	State	Zip
	Covenant Care, Inc.	475 Jack Kramer Drive	Memphis	TN	38117-4241
	General Partner				

Covenant Care, Inc.
General Partner
475 Jack Kramer Drive
Memphis TN 38117-4241

5. Organized Under the Laws of:
DELAWARE
L 1281

6.

Signature

Dickie Ann Lashlee

Date

5/15/2007

Name

(Typed or Printed)

Dickie Ann Lashlee

Licenses & Certification

Title
Covenant Care, Inc
General Partner

200706004657