
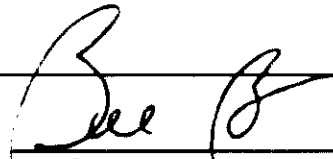


No.      W    1598	<b>Annual Report Form</b> 1997 Due No Later Than November 30,		2 Registered Agent and Office <b>NOT A P O BOX</b>  WILLIAM F BACON 900 YELLOWSTONE  POCAATELLO      ID    83201
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1 Mailing Address - Please Correct, If Not Correct  NORTHWEST HOME HEALTH ALLIAN WILLIAM F BACON 812 E CLARK  POCAATELLO      ID 83201		3 Organized Under the Laws of  ID      W    1598
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)			
<u>Office held</u>  Manager	<u>Name</u>  Bill BACON	<u>Street or P.O. Address</u>  812 E. Clark	<u>City</u> <u>State</u> <u>Zip</u>  Pocatello    ID      83201
			
5. SIGNATURE OF CURRENT RA	6. <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">             Signature            Name (Typed or Printed) <u>Bill Bacon</u> </div> <div style="text-align: center;">           Date <u>7-11-97</u>            Title <u>Pres</u> </div> </div>		

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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