

No. 84974	Idaho Corporation Annual Report Form		2. Registered Agent and Office DONALD W. LOJEK 305 WEST FORT STREET																															
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED NO REC. REQUIRED	Due No Later Than November 1, 1989		BOISE ID 83702																															
	1. Mailing Address — Please Correct 84974 WEST MAGIC CARE CENTER, INC. A. KEITH HOLLOWAY ROUTE-11, -BOX 288- 2465 OVERLAND ROAD, SUITE D-202 MIDDLETON ID 83644- BOISE 83705	3. Incorporated Under The Laws of IDAHO NO: 84974																																
4. Name and Address of Officers and Directors																																		
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>A. Keith Holloway</td> <td>27119 Middleton Road</td> <td>Middleton</td> <td>ID</td> <td>83644</td> </tr> <tr> <td>Secretary:</td> <td>Delta B. Holloway</td> <td>27119 Middleton Road</td> <td>Middleton</td> <td>ID</td> <td>83644</td> </tr> <tr> <td>Directors:</td> <td>A. Keith Holloway</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Delta B. Holloway</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	A. Keith Holloway	27119 Middleton Road	Middleton	ID	83644	Secretary:	Delta B. Holloway	27119 Middleton Road	Middleton	ID	83644	Directors:	A. Keith Holloway						Delta B. Holloway				
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5. Nature of Business NURSING FACILITY	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>A. Keith Holloway</u> Date <u>10-16-89</u> Name <small>(Typed or Printed)</small> A. KEITH HOLLOWAY Title PRESIDENT																																	

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