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|--|---------------|--|----------|--|---------|-------------|--|
| No. C 173652 | | Due no later than Jun 30, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. HOME CARE SOLUTIONS, INC. ROGER L. PRICE 15230 DRURY WAY CALDWELL ID 83607 USA | | BOB D HOLMES 2009 WYOMING CALDWELL ID 83605 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | ROGER L PRICE | 15230 DRURY WAY | CALDWELL | ID | USA | 83607 | |
| SECRETARY | WENDY G PRICE | 15230 DRURY WAY | CALDWELL | ID | USA | 83607 | |
| TREASURER | BOB D HOLMES | P. O. BOX 1554 | CALDWELL | ID | USA | 83606-1554 | |
| 5. Organized Under the Laws of: ID C 173652 | | 6. Annual Report must be signed.* Signature: Bob D. Holmes Name (type or print): Bob D. Holmes Date: 05/30/2009 Title: Treasurer | | | | | |
| Processed 05/30/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |