	INSTRUCTIC	INS ON REVERSE SIDE	اين کې په خان ښون د اوان دي. د د د د د د د د د د د د د د د د د د د	i Najafa, je 2 i #
No. 74384		n Annual Report Form		d Office NOT A P.O. BOX
Return To	Due No Later Than		501 WEST IDAHO BOULEVARD	
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct, If Not Correct HOLLY: HILLS: CARE CENTER, INC. HARMON E. HOLVERSON 501 WEST IDAHO BLVD.		EMMETT	ID 83517
· · · · · · · · · · · · · · · · · · ·			3. Incorporated Under The Laws	
** FINAL NOTICE ** NO FEE REQUIRED	P. O. BOX 37	10 83617	of 15 No: 74384	
4. Names and Addresses of Office	ers and Directors	MUST BE PRINTED	OR TYPED	
	<u>Name</u>	Street or P.O. Address	<u>City</u>	State Zip
Secretary: YV Directors: KE	RMON E. HOLVERSON ONNE HOLVERSON ITH HOLLOWAY LTA HOLLOWAY	P.O. BOX 37 P.O. BOX 37 1475 N. COLE RD. 1475 N. COLE RD.	EMMETT EMMETT BOISE BOISE	IDAHO 83617 IDAHO 83617 IDAHO 83704 IDAHO 83617
5. Nature of Business HEALTH CARE	6. I certify that the true, correct and signature of the	this Annual Report has been examined complete. YOUNG HOLVERSON	· ,	best of my knowledge 1-15-94

TO THE PARTY OF TH