

INSTRUCTIONS ON REVERSE SIDE

No. 84852	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1990		JOLENE TUMA																									
	1. Mailing Address — Please Correct		E. 2700 ROAD #3811-B																									
	QUALITY HOME SERVICES, INC. JOLENE TUMA P.O. BOX 2637 TWIN FALLS ID 83303		TWIN FALLS ID 83303 111 3. Incorporated Under The Laws of ID NO: 084852																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>JOLENE L. TUMA</td> <td>511 MINTEVESTA DR.</td> <td>TWIN FALLS</td> <td>ID.</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>CHARLES R. TUMA</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	JOLENE L. TUMA	511 MINTEVESTA DR.	TWIN FALLS	ID.	83301	Secretary:	CHARLES R. TUMA	" "	"	"	"	Directors:					
	Name	Street or P.O. Address	City	State	Zip																							
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Secretary:	CHARLES R. TUMA	" "	"	"	"																							
Directors:																												
5. Nature of Business <i>Home Health Agency</i>		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td><i>Jolene L. Tuma</i></td> <td>Date</td> <td>7/16/90</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>JOLENE L. TUMA</td> <td>Title</td> <td>President</td> </tr> </table>			Signature	<i>Jolene L. Tuma</i>	Date	7/16/90	Name (Typed or Printed)	JOLENE L. TUMA	Title	President																
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