

REINSTATEMENT

No. C 120713		Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON P.O. BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Please Correct, If Not Correct		GLEN AMADOR 36 NORTH FIRST EAGLE ID 83621																			
FEE DUE \$30.00 admin diss 2/10/99		ALL VALLEY HOME HEALTH CARE, INC. GLEN AMADOR 36 N FIRST 7456 W STATE EAGLE ID 83621 Boise, Id 83703		3. Organized Under the Laws of: Idaho #120713																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																							
<table border="1"> <thead> <tr> <th>Office Held</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>DIRECTOR</td> <td>Glen AMADOR</td> <td>7456 W STATE</td> <td>Boise</td> <td>Id</td> <td>83703</td> </tr> <tr> <td>SECTY</td> <td>G. AMADOR</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Office Held	Name	Street or P.O. Address	City	State	Zip	DIRECTOR	Glen AMADOR	7456 W STATE	Boise	Id	83703	SECTY	G. AMADOR				
Office Held	Name	Street or P.O. Address	City	State	Zip																		
DIRECTOR	Glen AMADOR	7456 W STATE	Boise	Id	83703																		
SECTY	G. AMADOR																						
5. Signature of New Registered Agent		6.																					
		Signature <u>J. Amador</u> Date <u>4/26-99</u>																					
		Name (Typed or Printed) <u>J. AMADOR</u> Title <u></u>																					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- 1.) Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.
NOTE: The name of the business entity cannot be altered on the annual report form.
- 2.) If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to #4 below.
- 3.) Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.
Limited Liability Company: Enter the names and addresses of the managers or members in block 4.
NOTE: Putting "same as last year" WILL NOT be accepted.
- 4.) Limited Liability Company: If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- 5.) Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.
Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.
- 6.) If new registered Agent, please sign block 5.

IDAHO SECRETARY OF STATE

04/27/1999 09:00
CK: 16273 CT: 66233 BH: 210996

1 @ 30.00 = 30.00 CORP REINS # 5
1 @ 20.00 = 20.00 EXPEDITE C # 6