

No. C108259	Annual Report Form <i>Due No Later Than November 30,</i> 1999		2. Registered Agent and Office NOT A P.O. BOX HANNA L VERMAAS 1403 LEADORE AVE SALMON ID 83467	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct HEARTHSIDE HEALTHCARE MANAGE HANNA L VERMAAS PO BOX 1090 SALMON ID 83467		3. Organized Under the Laws of: ID C108259	
* FIRST NOTICE *				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
<i>Pres/ Treas</i>	<i>Hanna L Vermaas</i>	<i>408 Bean Lane POB 1090</i>	<i>Salmon</i>	<i>Id 83467</i>
<i>V Pres/ Sec</i>	<i>William L Vermaas</i>	<i>408 Bean Lane POB 1090</i>	<i>Salmon</i>	<i>Id 83467</i>
<i>What would it cost to kill this company, inactive since 10/96?</i>				
5. Signature of New Registered Agent		6. Signature <u><i>Hanna L Vermaas</i></u> Date <u><i>7-19-99</i></u> Name (Typed or Printed) <u><i>Hanna L. Vermaas</i></u> Title <u><i>Pres</i></u>		

ISSUED: 07-03-1999

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