

No. C107119	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX
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 PERSONAL HOME CARE, INC. CHERI L WEBSTER 214 PINE P.O. Box 52 MACKAY ID 83251		CHERI L WEBSTER 214 PINE MACKAY ID 33251
* FIRST NOTICE *	3. Organized Under the Laws of: ID C107119		
4. Corporations: Enter Names and 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)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
President	Cheri L. Webster	214 Pine / P.O. Box 358	Mackay ID 83251
Secretary	Greg Alan Webster	214 Pine / P.O. Box 358	Mackay ID 83251
Director	Cheri L. Webster	214 Pine / P.O. Box 358	Mackay ID 83251
5. NATURE OF BUSINESS HOME CARE AGENCY FOR ELDERLY / DISABLED		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Cheri Webster</u> Date <u>7-15-96</u> Name (Typed or Printed) <u>Cheri Webster</u> Title <u>President / Dir.</u>	

ISSUED: 07-05-1996

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