

| No. <u>93229</u><br><br>Return To<br><br><b>Secretary of State</b><br><b>Room 203, Statehouse</b><br><b>Boise, ID 83720</b><br><br>NO FEE REQUIRED   | <b>Idaho Corporation Annual Report Form</b><br><i>Due No Later Than November 1, 1991</i><br>1. Mailing Address: <i>Please Correct If Not Correct</i><br><br>HOME TREATMENT PROFESSIONAL<br>MARLIS D. JACKMAN<br>666 SHOSHONE STREET EAST<br><br>TWIN FALLS ID 83301   | 2. Registered Agent and Office NOT A P.O. BOX<br><br>MARLIS D. JACKMAN<br>666 SHOSHONE STREET EAST<br><br>TWIN FALLS ID 83301<br>3. Incorporated Under The Laws<br>of ID<br><br>NO: 093229 |                  |                       |                               |                  |                         |                |            |                   |                           |             |       |       |            |                 |                           |             |       |       |            |                       |                           |             |       |       |
|--|---|--|------------------|-----------------------|-------------------------------|------------------|-------------------------|----------------|------------|-------------------|---------------------------|-------------|-------|-------|------------|-----------------|---------------------------|-------------|-------|-------|------------|-----------------------|---------------------------|-------------|-------|-------|
| 4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>MARLEY D. JACKMAN</td> <td>708 SHOSHONE STREET EAST,</td> <td>TWIN FALLS,</td> <td>IDAHO</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>JEANETTE SPARKS</td> <td>708 SHOSHONE STREET EAST,</td> <td>TWIN FALLS,</td> <td>IDAHO</td> <td>83301</td> </tr> <tr> <td>Directors:</td> <td>CAROLE N. RICKS, M.D.</td> <td>708 SHOSHONE STREET EAST,</td> <td>TWIN FALLS,</td> <td>IDAHO</td> <td>83301</td> </tr> </tbody> </table> |   |  |                  | <u>Name</u>           | <u>Street or P.O. Address</u> | <u>City</u>      | <u>State</u>            | <u>Zip</u>     | President: | MARLEY D. JACKMAN | 708 SHOSHONE STREET EAST, | TWIN FALLS, | IDAHO | 83301 | Secretary: | JEANETTE SPARKS | 708 SHOSHONE STREET EAST, | TWIN FALLS, | IDAHO | 83301 | Directors: | CAROLE N. RICKS, M.D. | 708 SHOSHONE STREET EAST, | TWIN FALLS, | IDAHO | 83301 |
|  | <u>Name</u>   | <u>Street or P.O. Address</u>  | <u>City</u>      | <u>State</u>          | <u>Zip</u>                    |                  |                         |                |            |                   |                           |             |       |       |            |                 |                           |             |       |       |            |                       |                           |             |       |       |
| President:   | MARLEY D. JACKMAN   | 708 SHOSHONE STREET EAST,  | TWIN FALLS,      | IDAHO                 | 83301                         |                  |                         |                |            |                   |                           |             |       |       |            |                 |                           |             |       |       |            |                       |                           |             |       |       |
| Secretary:   | JEANETTE SPARKS   | 708 SHOSHONE STREET EAST,  | TWIN FALLS,      | IDAHO                 | 83301                         |                  |                         |                |            |                   |                           |             |       |       |            |                 |                           |             |       |       |            |                       |                           |             |       |       |
| Directors:   | CAROLE N. RICKS, M.D.   | 708 SHOSHONE STREET EAST,  | TWIN FALLS,      | IDAHO                 | 83301                         |                  |                         |                |            |                   |                           |             |       |       |            |                 |                           |             |       |       |            |                       |                           |             |       |       |
| 5. Nature of Business<br><br>MEDICAL SERVICES  | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br><table border="1"> <tr> <td>Signature</td> <td><i>Marley Jackman</i></td> <td>Date</td> <td>OCTOBER 11, 1991</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>MARLEY JACKMAN</td> <td>Title</td> <td>PRESIDENT</td> </tr> </table> |  | Signature        | <i>Marley Jackman</i> | Date                          | OCTOBER 11, 1991 | Name (Typed or Printed) | MARLEY JACKMAN | Title      | PRESIDENT         |                           |             |       |       |            |                 |                           |             |       |       |            |                       |                           |             |       |       |
| Signature  | <i>Marley Jackman</i>   | Date   | OCTOBER 11, 1991 |                       |                               |                  |                         |                |            |                   |                           |             |       |       |            |                 |                           |             |       |       |            |                       |                           |             |       |       |
| Name (Typed or Printed)  | MARLEY JACKMAN  | Title  | PRESIDENT        |                       |                               |                  |                         |                |            |                   |                           |             |       |       |            |                 |                           |             |       |       |            |                       |                           |             |       |       |