No. W 159	3		nual Report Form Later Than November 30,	1996	2. Registered Age		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720		1. Mailing Address - Please Correct, If Not Correct NORTHWEST HOME HEALTH ALLIAN			WILLIAM F BACON 800 YELLOWSTONE		
BOISE, ID 83720-0080		WILLIAM F BACON			POCATEL	LO ID	83201
NO FEE REQUIRED		812 East Clark			3. Organized Under the Laws of:		
* FIRST NOTICE *		POCATELLO ID 83201				i d	1598
			lent, Secretary and Direct ses of Managers or	ors Members	(check one)		
Office held	Name	· ·	Street or P.O. Address		City-	State	<u>Zip</u>
Board of Direct.	Vivian H	coper tvetten	812 E. Clark ST	-	Acateiro	To	83201
V	Doug fe	lder	~		V		
5. SIGNATURE	OF CURRE	NT RA knov	tify that his Annual Report vledge true, correct and co ature	t has been e	examined by me	and is to the b	. 1
ANY LAWF	JL	Nami	e (Typed or CANDICE	m. Jo	$\frac{\lambda V3CV}{V}$ Title		
ISSUED:	37-08-19	95				72	
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