

No. C 108260

Due no later than November 30, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

COUNTRYSIDE HOME CARE, INC.
JOHN GROVER
14 ADAMS DR
SALMON, ID 83467JOHN GROVER
14 ADAMS DR
SALMON, ID 83467NO FILING FEE IF
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

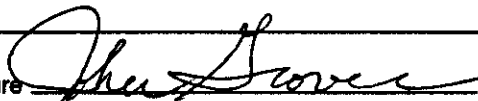
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	John Grover	14 Adams Dr	Salmon	ID	83467
Secretary	Penny Grover	14 Adams Dr	Salmon	ID	83467
Directors	John + Penny Grover	14 Adams Dr	Salmon	ID	83467

5. Organized Under the Laws of:

IDAHO
C 108260

6.

Signature



Date

9/23/08

Name

(Typed or
Printed)

John Grover

Title

President

Issued 09/02/2008

Do Not Tape or Staple

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