

No. <b>C 106178</b>		<b>Due no later than May 31, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  OPTION HOME HEALTH CARE SERVICES, INC. KEITH D BROWN 2512 E BLACK FOREST AVE POST FALLS ID 83854		KEITH D BROWN 2512 E BLACKFOREST AVE POST FALLS ID 83854			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	LORI ZSITEK	485 HALF DAY ROAD SUITE 300	BUFFALO GROVE	IL	USA	60089-8806	
TREASURER	MARGARITA KELLEN	104 WILMOT ROAD MAIL STOP 1435	DEERFEILD	IL	USA	60015	
PRESIDENT	PAUL MASTRAPA	485 HALF DAY ROAD SUITE 300	BUFFALO GROVE	IL	USA	60089-8806	
SECRETARY	JOSEPH BONACCORSI	485 HALF DAY ROAD SUITE 300	BUFFALO GROVE	IL	USA	60089-8806	
5. Organized Under the Laws of:  <b>WA C 106178</b>		6. Annual Report must be signed.*  Signature: Joseph Bonaccorsi Name (type or print): Joseph Bonaccorsi					
		Date: 04/02/2009 Title: Secretary					
Processed 04/02/2009 * Electronically provided signatures are accepted as original signatures.							