No. C 57850		Due no later than Mar 31, 2012		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		GARDNER W	GARDNER W SKINNER, JR.			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COMMUNITY HOME HEALTH, INC. VERLENE D. KAISER 2739 STARCREST DR BOISE ID 83712-8420		1423 TYRELL LANE BOISE ID 83706 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		2002 15 0071						
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	VERLENE D. KAISER		2739 STARCREST DRIVE	BOISE	ID	USA	83712-8420	
DIRECTOR	SHARIE MON	NTEFERRANTE	20961 S.W. SILETZ COURT	TUALATIN	OR	USA	97062-8420	
DIRECTOR	SHAWNA L. EXLINE		415 W. LAKE HAZEL ROAD	MERIDIAN	ID	USA	83642-8420	
DIRECTOR	CTOR GARY S. KAISER		617 N. PAULINA ST, UNIT 3 N.	CHICAGO	IL	USA	60622-8420	
TREASURER	GARY L KAI	SER	2739 STARCREST DRIVE	BOISE	ID	USA	83712-8420	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Verle		Date: 01/09/2012				
C 57850		Name (type or p		Title: President				
Processed 01/09/2012 * Electronically provided signatures are accepted as original signatures.								