		CTIONS ON REVERSE SIDE			
lo. 3056/	Idaho Corpor	ation Annual Report Form	2. Registered Agent ar	id Office NOT A P.O. BO	
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1991 1 Mailing Address: Please Correct If Not Correct CREGON ASSISTED LIVING, INC. CHARLES L. WINDER		CHARLES L.	CHARLES L. WINDER 877 WEST MAIN STREET SUIT	

			3. Incorporated Under	ID 83702	
	877 WEST MA	IN STREET SUIT 6/8	of ID	7770 24770	
NO FEE REQUIRED	BOISE	10 83702	NO: 089564		
Names and Addresses of Office	rs and Directors		'		
	Name	Street or P.O. Address	City	State Zip	
Secretary:					
•					
•					
•					
Secretary: Directors:					
Directors:		hat this Annual Report has been over	vamined by me and is to the	a host of my knowledge	
Nature of Business	6. I certify t true, corr	hat this Annual Report has been ex	camined by me and is to the	e best of my knowledge	
Nature of Business	6. I certify t true, corr	rect and complete.	Date 7/	e best of my knowledge	