

No. C 57850	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX GARDNER W. SKINNER, JR. 1423 TYRELL LANE BOISE ID 83706	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct COMMUNITY HOME HEALTH, INC. VERLENE KAISER 1109 W MYRTLE ST STE 220 BOISE ID 83702		3. Organized Under the Laws of: ID C 57850	
* FIRST NOTICE *				
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
President	Verlene D. Kaiser	1109 W. Myrtle Street #220	Boise	Idaho 83702
Secretary	Gary L. Kaiser	1109 W. Myrtle Street #220	Boise	Idaho 83702
Directors:	Verlene D. Kaiser	1109 W. Myrtle Street #220	Boise	Idaho 83702
	Gary L. Kaiser	1109 W. Myrtle Street #220	Boise	Idaho 83702
5. NATURE OF BUSINESS HOME HEALTH AGENCY		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>Verlene D. Kaiser</i></u> Date <u>11/15/96</u> Name (Typed or Printed) <u>Verlene D. Kaiser</u> Title <u>President</u>		

ISSUED: 07-06-1996

17852