

No. W 3515	Annual Report Form 1999 <i>Due No Later Than November 30.</i>		2. Registered Agent and Office NOT A P.O. BOX MERRILEE STEVENSON 2030 E 3050 S WENDELL ID 83355
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct SHOSHONE ELDER HOME CARE, L. MERRILEE STEVENSON 2030 E 3050 S WENDELL ID 83335		3. Organized Under the Laws of: ID W 3515
4. Corporations: Enter Names and Business 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>
<i>President</i>	<i>Allen A. Stevenson</i>	<i>2030 E. 3050 S.</i>	<u>State</u> <u>Zip</u> <i>Id 83355</i>
<i>Sec./Treas.</i>	<i>Merrilee C. Stevenson</i>	<i>2030 E. 3050 S.</i>	<i>Id 83355</i>
5. Signature of New Registered Agent		6. <div style="margin-top: 10px;"> Signature <i>Merrilee Stevenson</i> Date <i>7/19/99</i> Name (Typed or Printed) <i>Merrilee Stevenson</i> Title <i>owner/sec.</i> </div>	

ISSUED: 07-03-1999

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