

No. <b>C113337</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>CARE CONNECTION, INC.</b> <b>LINDA CLOSE</b> <b>1424 SHERMAN AVE STE 100</b>  <b>COEUR D ALENE ID 83814 6045</b>		<b>LINDA CLOSE</b> <b>1424 SHERMAN AVE STE 100</b>  <b>COEUR D ALENE ID 83814 4</b>  3. Organized Under the Laws of:  <b>ID C113337</b>													
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)  <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Linda Close</td> <td>1424 Sherman Ave Ste 100</td> <td>COA</td> <td>ID</td> <td>83814</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Linda Close	1424 Sherman Ave Ste 100	COA	ID	83814
Office held	Name	Street or P.O. Address	City	State	Zip											
President	Linda Close	1424 Sherman Ave Ste 100	COA	ID	83814											
5. <b>NATURE OF BUSINESS</b>  <b>HOME CARE SERVICES</b>		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>Linda Close</u> Date <u>8/1/96</u> Name (Typed or Printed) <u>Linda Close</u> Title <u>President</u>														

ISSUED: 07-06-1996

25555