

No. <b>72394</b>	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1989	2. Registered Agent and Office <b>IRENE CRANE</b> 25 EAST FAIRVIEW, STE. 220 MERIDIAN ID 83642
Return To <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b> SEC. OF STATE NO FEE REQUIRED 89 JUL 21 PM 10:28	1. Mailing Address — Please Correct <b>72394</b> <b>HOME HEALTH CARE INC.</b> <b>IRENE CRANE</b> 25 EAST FAIRVIEW, SUITE 220 MERIDIAN ID 83642	3. Incorporated Under The Laws of IDAHO NO: 72394

## 4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	<b>Curt L. Robinson</b>	<b>11786 Peconic Dr.</b>	<b>Boise</b>	<b>ID</b>	<b>83709</b>
Secretary:	<b>Curt L. Robinson</b>	" "	" "	" "	" "
Directors:	<b>Curt L. Robinson</b>	<b>11786 Peconic Dr.</b>	<b>Boise</b>	<b>ID</b>	<b>83709</b>
	<b>Lynn M. Hill</b>	<b>2032 W. Rocky Road</b>	<b>S.L.C.</b>	<b>UT</b>	<b>84118</b>
	<b>Irene Crane</b>	<b>3514 Juanita Way</b>	<b>Nampa</b>	<b>ID</b>	<b>83651</b>

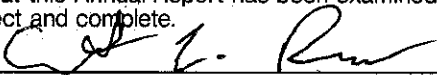
## 5. Nature of Business

Home Health Care

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

Name (Typed or Printed)

  
**Curt L. Robinson**

Date

Title

**07-19-89****President**