

No. <b>C 133457</b>		Due no later than <b>Apr 30, 2001</b>		2. Registered Agent and Office <b>NO PO BOX</b>																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		Annual Report Form  1. Mailing Address - Correct in this box, if applicable FIRST CHOICE HOSPICE, INC. JACQUELYN S BROWN 147 MAIN AVE EAST  TWIN FALLS, ID 83301		JACQUELYN S BROWN 147 MAIN AVE EAST  TWIN FALLS, ID 83301																			
				3. <u>New</u> Registered Agent Signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																							
<table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>JACQUE BROWN</td> <td>806 APACHE WAY</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td></td> <td>DEBRA GATES</td> <td>3524 TWIN FALLS GRADE</td> <td>KIMBERLY,</td> <td>ID</td> <td>83341</td> </tr> </tbody> </table>						<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		JACQUE BROWN	806 APACHE WAY	TWIN FALLS	ID	83301		DEBRA GATES	3524 TWIN FALLS GRADE	KIMBERLY,	ID	83341
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5. Organized Under the Laws of:  IDAHO C 133457		6. Signature <u>Debra L. Gates</u> Date <u>4-23-2001</u> Title: <u>Director</u> Name (Typed or Printed): <u>Debra L. Gates</u> <del>XXXX</del> <del>XXXXXXXXXX</del>																					