

SECRETARY OF STATE'S ANNUAL VERIFICATION REPORT

(2) RECORD NO. 173319

DUE JUNE 30, 1989

(1) EXACT CORPORATE NAME **RUSSELLVILLE NURSING HOME MANAGEMENT COMPANY,**

**INC.**

(3) STATE OF INCORPORATION **KENTUCKY**

(4) DATE OF INCORP. OR CERT. OF AUTH. **12-27-82**

(5) REGISTERED AGENT & REGISTERED ADDRESS

(5B) CORRECTED AGENT OR AGENTS ADDRESS

(6) FILING FEE \$ **19.00**

(SEE \*)

**GENE HAKUIS**

**P. O. BOX 203, 875 W. 4TH. ST.**

**RUSSELLVILLE, KY. 42276**

AGENT MUST VERIFY ACCEPTANCE OF NEW APPOINTMENT BY SIGNATURE

\* ( Stock corporation add \$10.00. Non-stock corporation add \$5.00 if changing line (5) or (5B) )

ANY CHANGE MADE TO THE AGENT OR AGENTS ADDRESS AFTER THE ANNUAL REPORT FILING

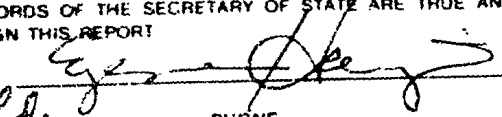
MUST BE MADE ON FORMS OBTAINED FROM THIS OFFICE

(7B) CORRECTED PRINCIPAL OFFICE ADDRESS

I VERIFY THAT THE RECORDS OF THE SECRETARY OF STATE ARE TRUE AND CORRECT AND

I AM AUTHORIZED TO SIGN THIS REPORT

AUTHORIZED SIGNATURE



TITLE

stock holder

PHONE

**P. O. BOX 203, 875 W. 4TH. ST.**

**RUSSELLVILLE, KY. 42276-1356**

I consent to serve as new registered agent for the corporation  
Corporation's registered office is identical to my business address

AGENT'S SIGNATURE \_\_\_\_\_

(Complete front and back page -- Make check payable to Kentucky State Treasurer -- Mail BOTH  
annual report form and check to BREMER EHRLER, SECRETARY OF STATE  
1502-564-2848)

**39629**