

COMMONWEALTH OF KENTUCKY  
BREMER EHRLER - SECRETARY OF STATE - (502) 564-2848  
P. O. BOX 1150  
FRANKFORT, KY 40502-1150  
09/01/90

RECORD NO. 173319 STATE OF INCORPORATION: KENTUCKY  
CORPORATE NAME: RUSSELLVILLE NURSING HOME MANAGEMENT COMPANY, INC.

REGISTERED AGENT AND ADDRESS:

PRINCIPAL OFFICE ADDRESS:

GENE HARGIS  
P. O. BOX 263, 175 W. 4TH. ST.  
RUSSELLVILLE, KY. 42276-1354

P. O. BOX 263, 175 W. 4TH. ST.  
RUSSELLVILLE, KY. 42276

WARNING - CORPORATION SUBJECT TO ADMINISTRATIVE DISSOLUTION OR  
REVOCAION OF CERTIFICATE OF AUTHORITY

XX THIS CORPORATION HAS FAILED TO FILE WITH THE SECRETARY OF STATE THE 1990  
ANNUAL VERIFICATION REPORT REQUIRED BY KENTUCKY LAW.

XX THE CORPORATION MAY FILE THE DELINQUENT ANNUAL REPORT BY SIGNING THIS FORM,  
ENCLOSING FILING FEE OF \$15.00 AND RETURNING TO THIS OFFICE AT THE P.O.  
BOX 1150 ADDRESS ABOVE. IF THE PRINCIPAL OFFICE ADDRESS (MAILING ADDRESS)  
SET OUT ABOVE IS NOT CORRECT, PLEASE CROSS OUT INCORRECT INFORMATION AND  
WRITE IN CORRECT INFORMATION.

XX KENTUCKY LAW NOW REQUIRES ANNUAL REPORTS TO INCLUDE THE NAMES AND BUSINESS  
ADDRESS OF CORPORATIONS DIRECTORS AND PRINCIPAL OFFICERS. THE LINES BELOW  
HAVE BEEN PROVIDED FOR THIS INFORMATION. IF NECESSARY PLEASE ATTACH A  
CONTINUATION SHEET. \* PROFESSIONAL SERVICE CORPORATIONS PER KRS 274.105 ARE  
STILL REQUIRED TO LIST THE NAMES AND ADDRESSES OF ALL SHAREHOLDERS IN  
ADDITION TO THE DIRECTORS AND PRINCIPAL OFFICERS AND THE PRESIDENT OF THE  
CORPORATION MUST SIGN AT BOTTOM\*\*\*

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IF THE CORPORATION DOES NOT COMPLY WITH THE RELEVANT  
PROVISIONS OF KY LAW BY FILING ITS 1990 ANNUAL REPORT, THE  
SECRETARY OF STATE SHALL ADMINISTRATIVELY DISSOLVE THE  
CORPORATIONS CHARTER OR REVOKE ITS CERTIFICATE OF AUTHORITY  
WITHIN SIXTY (60) DAYS OF THE DATE OF THIS NOTICE.

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, I  
FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN FOR THIS  
CORPORATION. (AUTHORIZED SIGNATURE LINE APPLIES TO ALL CORPORATIONS)

AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

(PROFESSIONAL SERVICE CORPORATIONS ONLY) I THE UNDERSIGNED,  
BEING PRESIDENT OF THE KRS CHAPTER 274 CORPORATION, DO HEREBY  
CERTIFY THAT ALL THE SHAREHOLDERS OF THE SAID CORPORATION, NOT  
LESS THAN ONE HALF OF THE DIRECTORS, AND ALL OFFICERS OTHER  
THAN SECRETARY AND TREASURER, ARE DULY QUALIFIED AS PROVIDED IN  
CHAPTER 274.

PRESIDENTS SIGNATURE ONLY \*\*\* \_\_\_\_\_