



THE UNITED STATES CORPORATION COMPANY

E97000006572

ACCOUNT NO. : 072100000032
REFERENCE : 633268 4802468
AUTHORIZATION : Patricia Pzyut
COST LIMIT : \$ 78.75

ORDER DATE : December 12, 1997
ORDER TIME : 10:58 AM
ORDER NO. : 633268-005
CUSTOMER NO: 4802468

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CUSTOMER: Ms. Faye Cochran
Bullivant Houser Bailey
300 Pioneer Tower
888 S.w. 5th Avenue
Portland, OR 97204-2089

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DIVISION OF CORPORATIONS
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WC
12/12

FOREIGN FILINGS

NAME: HOME AND COMMUNITY CARE, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

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DIVISION OF CORPORATION

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACT BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE
STATE OF FLORIDA:*

1. HOME AND COMMUNITY CARE, INC.
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Nevada 3. 860864255
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 27, 1997 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual"
upon qualification)
6. upon qualification
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. c/o Assisted Living Concepts, Inc.
Attn: William McBride III
9955 S.E. Washington Street, Third Floor
Portland, OR 97216 (Current mailing address)
8. To develop, construct, operate and manage assisted living facilities, provide related products and services, and otherwise engage in other
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
lawful business operations.
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida, 32301
(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

By: Laura R. Dunlap Laura R. Dunlap, As it's Agent
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P.O. Box NOT acceptable)

A. DIRECTORS (Street address only- P.O. Box NOT acceptable)

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: William McBride III

Address: 9955 S.E. Washington, Third Floor

Portland, OR 97216

Director: _____

Address: _____

B. OFFICERS (Street address only- P.O. Box NOT acceptable)

President: Keren Brown Wilson

Address: 9955 S.E. Washington, Third Floor

Portland, OR 97216

Vice President: _____

Address: _____

Secretary: Stephen Gordon

Address: 9955 S.E. Washington, Third Floor


Portland, OR 97216

Treasurer: Stephen Gordon

Address: (same as above)

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application.)

14. STEPHEN GORDON CFO TREASURER SECRETARY
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

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I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **HOME AND COMMUNITY CARE, INC.** as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 27, 1997 and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on December 9, 1997.



Dean Heller
Secretary of State

By

Linda Propp
Certification Clerk