FILED Aug 31, 2001 8:00 am Secretary of State

⊕ 200 1	UNIFORM BUSI	R)	08-31-2001 90111 046 ***150.00					
 Entity Name 	MENT # F9700000657				08-31-20	001 20111	<i>7</i> 40 ·····	130.00
				TUR		_		
Principal Place of Business Mailing Address				/ \ \ \ A0083051				
11835 NE Glenn Widing Drive Building E Portland, OR 97220-9057		11835 NE Glenn Widing Drive Building E Portland, OR 97220-9057						
2. Principal P	flace of Business	3. Mailing Address						•
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State			FEI Number 86 - 0864255		· · ·	plied For Applicable
Zip	Country	Zip ·	Country	5.	Certificate of Status Desired		3.75 Add e Required	
	6. Name and Address of Current F	Registered Agent		7.	Name and Address of New	Registered Age	int	
Cornors	tion Service Company		Name					
Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301-2525			Street	Address (P.O. E	Box Number is Not Acceptab	le)		
			City			FL	Zip Code	,
8. The above	named entity submits this statement for	the purpose of changing its	registered office	or registered ag	ent, or both, in the State of F	lorida.		
					•			İ
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Ageni s/gr	alure required when r	einstating)	DATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW! After MAY 1: 200 Make Check Payab		550.00 nt of State	10. Election Campaign F Trust Fund Contributi	on.	Added	0 May Be to Fees
11.	OFFICERS AND		12.	ΑC	ODITIONS/CHANGES TO OF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Wm. James Nicol Same as above listed mailing address.	□ Deleiæ	TITLE NAME STREET ADDRESS CITY+ST-ZIP		·	L] Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Drew Q. Miller Same as above listed mailing address.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			C] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Sandra Campbell' Same as above listed mailing address.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Wm. James Nicol Same as above.	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	:] Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		Delete .	TITLE NAME STREET ADDRESS	;		· .	Change	Addition
of the cor	certify that the information supplied with con this report or supplemental report is rporation or the receiver or trustee empo, or on an attachment with an address, v	wered to execute this report a	the exemption s by signature shall as required by C	tated in Section have the same hapter 607, Flor	119.07(3)(i), Florida Statutes legal effect as if made unde ida Statutes; and that my nar	s. I further certify r oath; that I am me appears in B	that the ir an officer lock 11 or	nformation or director Block 12 if
SIGNAT	TURE: MAN CAMP SIGNATURE AND TYPED OF	bell Sandra Car	-	cretary	08/22/01 Date		03) 26 ma Phone •	52-0311



Attachment offmoodoussa AW83051

Assisted Living Concepts, Inc.

August 23, 2001

State of Florida Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Re: Home and Community Care, Inc. ("HCI")

Ladies and Gentlemen:

Enclosed is the 2001 Uniform Business Report of the referenced foreign corporation.

Please be advised that HCI has no record of receiving the original 2001 UBR form from the Florida Division of Corporations, which we understand was sent to corporation's principal place of business on or around the end of December 2000. In addition, HCI has no record of receiving the delinquency notice sent sometime after May 1, 2001.

Consequently, we ask that the division waive the \$550.00 filing fee, and accept our check for \$150.00 relative to this filing.

If there are questions, please call the undersigned at (503) 262-0311.

Sincerely,

Theresa R. Gradt Legal Department

Enclosures