

1.) CORPORATION NAME:

LIBERTY NURSING HOMES, INCORPORATED

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

11 S 12TH ST

PO BOX 1463

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

DUE DATE: **3/31/2011**

SCC ID NO: **01035567**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 650 WEST ALLUVIAL AVE

CITY/ST/ZIP: FRESNO, CA 93711-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JULIANNE WILLIAMS OFFICER DIRECTOR
 TITLE: PRESIDENT
 ADDRESS: 1000 FIANNA WAY
 CITY/ST/ZIP/CO: FORT SMITH, AR 72919-9008

NAME: ANN TRUITT OFFICER DIRECTOR
 TITLE: TREASURER
 ADDRESS: 1000 FIANNA WAY
 CITY/ST/ZIP/CO: FORT SMITH, AR 72919-9008

NAME: HOLLY A RASMUSSEN-JONES OFFICER DIRECTOR
 TITLE: SECRETARY
 ADDRESS: 1000 FIANNA WAY
 CITY/ST/ZIP/CO: FORT SMITH, AR 72919-

NAME: KEVIN M ROBERTS OFFICER DIRECTOR
 TITLE: SVP
 ADDRESS: 1000 FIANNA WAY
 CITY/ST/ZIP/CO: FORT SMITH, AR 72919-

NAME: MAUREEN P ROBERTS OFFICER DIRECTOR
 TITLE: DIRECTOR
 ADDRESS: 1000 FIANNA WAY
 CITY/ST/ZIP/CO: FORT SMITH, AR 72919-

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ HOLLY A RASMUSSEN-JONES</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>HOLLY A RASMUSSEN-JONES, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>3/30/2011</u> DATE
--	--	--------------------------

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.