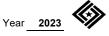
OSHA's Form 300A (Rev. 01/2004)

Summary of Work-Related Injuries and Illnesses



U.S. Department of Labor
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the log. If you had no cases write "0."

Employees former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR 1904.35, in OSHA's Recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction 0	Total number of other recordable cases
(G)	(H)	(1)	(J)
Number of Days			
Total number of days away from work		Total number of days of job transfer or restriction	
0 (K)		0 (L)	
Injury and Illness T	ypes		
Total number of			
(1) Injury	0	(4) Poisoning	0
(2) Skin Disorder	0	(5) Hearing Loss	0
(3) Respiratory Condition	0	(6) All Other Illnesses	0

Post this Summary page from February 1 to April 30 of the year following the year covered by the form

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instruction, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistics, Room N-3644, 200 Constitution Ave. NW. Washington, DC 20210. Do not send the completed forms to this office.

Esta	ablishment information					
	Your establishment name MOBILE I	HOME HEALTH. II	NC.			
	Street 1771 E. FLAMINGO RD. SUIT					
	City LAS VEGAS	State	NEVADA	Zip <u>89119</u>		
	Industry description (e.g., Manufacture HOME HEALTH AGENCY	of motor truck train	ilers)			
	Standard Industrial Classification (SIC)	, if known (e.g., S	IC 3715)			
	<u>N/A</u>		,			
OR	R North American Industrial Classification (NAICS), if known (e.g., 336212)					
	N/A					
Emi	ployment information					
	Annual average number of employees Total hours worked by all employees la		I time			
Sigi	n here					
	Knowingly falsifying this document i	may result in a fin	ne.			
	I certify that I have examined this docu complete.	ment and that to t	he best of my knowledge the entries	s are true, accurate, and		
	LEAH PARUNGAO			Chief Executive Officer		
	Company executive			Title		
	702-209-2135			12/31/2023		
	Phone			Date		