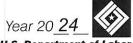
OSHA's Form 300A (Rev. 01/2004)



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

Form approved OMB no. 1218-0176

Summary of Work-Related Injuries and Illnesses

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

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 Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of C	ases		
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	2
(G)	(H)	(1)	(J)
Number of D) Jays	75700000	
Total number of da from work		otal number of days of job ansfer or restriction	
0		0	
(K)		(L)	
Injury and II	lness Types		
Total number of (M)			
Injuries	2	(4) Poisonings	0
		(5) Hearing loss	0
Skin disorders	0	(6) All other illnesse	es <u>0</u>
Respiratory conditi	ions0_		

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 instructions, 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 other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

Estab	lishment information
Your est	ablishment name Physicians Choice Hospice LLC
Street	6720 Via Austi Pkwy Ste 250
City	Las Vegas State NV ZIP 891193568
Industry	description (e.g., Manufacture of motor truck trailers)
Standard	Industrial Classification (SIC), if known (e.g., 3715)
OR	
North A	merican Industrial Classification (NAICS), if known (e.g., 336212) 812990
	pyment information (If you don't have these figures, see the ton the back of this page to estimate.)
Annual average number of employees173	
Total hours worked by all employees last year	
Sign h	nere ngly falsifying this document may result in a fine.
	that I have examined this document and that to the best of my dige the entries are tyle, accurate, and complete. Complete Compl