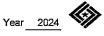
OSHA's Form 300A (Rev. 01/2004)

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 Record

Number of Cases		arana mangantang ik	garancia esperança		
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	0		
(G)	(H)	(1)	(1)		
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 1	Types				
Total number of					
(1) Injury	0	(4) Poisoning	0		
(2) Skin Disorder (3) Respiratory	0	(5) Hearing Loss	0		
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 ONB 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-3844, 200 Constitution Ave, NW, Washington, DC 202(10. Do not sent the completed forms to this office.

Establishment information	on				
Your establishment name	CONSUMER C	CHOICE SERVICES, INC			
Street 12600 WHITEWA	TER DRIVE, STE	100			
City MINNETONKA		State	MN	Zip	55343
Industry description (e.g., OTHER INDIVIDU	Manufacture of mo				
Standard Industrial Class	ification (SIC), if kn	10wn (e.g., SIC 3715)			
	4 1 9		212)		
imployment information	,				
Annual average number of		2			
year	ciripioyeco iuac	1,446			
Sign here					
Knowingly falsifying this	s document may i	result in a fine.		•	
I certify that I have skamin	SEA	and that to the best of my	vknowledge the entries	are true, accurate, and co	Officer (CEO)
- Company	executive			Tit	ie
	5-3515			1/30/2	
Pn	one			Da	ie

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. 1218-0178

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 farmer 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		and an experience of the field		
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	4	0	3	
(G)	(H)	(1)	(J)	
Number of Days				
Total number of days away from work		Total number of days of job transfer or restriction		
214 (K)	-	(L)	-	
Injury and Illness T	Types			
Total number of (M)				
(1) Injury ´	7	(4) Poisoning	0	
(2) Skin Disorder(3) Respiratory	Q	(5) Hearing Loss	0	
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 CMB 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	Establishment information						
	Youre	stablishment name	ACCRA CARE, IN	c.			
	Street	12600 WHITEWATE	R DRIVE, STE 100)			
	City	MINNETONKA		State	MN	Zip	55343
	Indust	ry description (e.g., Ma SERVICES FOR THI			ABILITIES		
	Standa	ard Industrial Classifica	ation (SIC), if know	n (e.g., SIC 3715)			
OR	North .	American Industrial Cla	assification (NAICS		36212)		
Emp	oloym	ent information					
	Annua	l average number of er	mployees _	6,085			
	Total I year	nours worked by all em	ployees last —	8,046.040			
Sign	ı here						
	Knowingly falsifying this document may result in a fine.						
	I certify that I have examined; this document and that to the best of my knowledge the entries are true, accurate, and complete.						
		IN N				Chief Farmarian 6	VF (050)
	Ì	Сотралу ехе	ecutive			Chief Executive C Title	
		952-935-3 Phone		_		1/30/20 Date	