

No. C110642	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, if Not Correct HEALTH IMPROVEMENT ASSOCIATE KENNETH FRY 1149 JUNIPER ST NORTH  TWIN FALLS ID 83301		KENNETH FRY 1149 JUNIPER ST NORTH  TWIN FALLS ID 83301
			3. Organized Under the Laws of:  ID C110642

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
 Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	JOHN BINGHAM	307 Edwards Dr	TWIN FALLS	ID	83301
SECRETARY	KENNETH FRY	1149 JUNIPER ST. N.	TWIN FALLS	ID	83301

5. NATURE OF BUSINESS  HEALTHCARE MANAGEMENT	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.	
	Signature <u>Kenneth W. Fry</u> Name (Typed or Printed) <u>Kenneth W. Fry</u>	Date <u>11/2/96</u> Title <u>Secretary</u>

ISSUED: 10-05-1996

1071

( DO NOT TAPE OR STAPLE )