

July 19, 1994

HEARTLAND COUNSELING CENTER, INC.
CRETE BROWN
460 HILLCREST
AMERICAN FALLS ID 83211

RE: HEARTLAND COUNSELING CENTER, INC. File Number C 102725

Dear Mr. Brown:

Please find enclosed your recently submitted annual report for the 1994-1995 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

The names of the officers and directors of the corporation have been shown in block 4, but complete addresses are not given. Please furnish addresses for the officers and directors listed. After completing that block, resubmit the annual report to this office. Saying that the addresses are the same does not provide us with specific information. Please fill in the addresses.

We noted that the corporate name has been altered to indicate a corporate name change. Please be advised, however, that the records of this office do not show that articles of amendment have been filed to effect the name change. Should you wish to change the corporate name, you must file articles of amendment pursuant to Section 30-1-61, Idaho Code, along with filing fees of \$30.00.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 334-2301.

Very truly yours,

Tonya Herold
Corporate Division

Enclosures: cited

CRO

ISSUED: 07-05-1994

No. 102725

Idaho Corporation Annual Report Form

Due No Later Than November 7, 1994

2. Registered Agent and Office

PATRICIA C BROWN

422 HILLCREST

434

AMERICAN FALLS ID 83211

Return To

Secretary of State
Room 203, Statehouse
P.O. BOX 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address

HEARTLAND COUNSELING CENTERS INC

PATRICIA C BROWN

420 HILLCREST

4

AMERICAN FALLS ID 83211

3. Incorporated Under The Laws

of ID

NO: 102725

4. Names and Addresses of Officers and Directors

NameStreet or P.O. AddressCityStateZip

President: Crete Brown

Secretary:

Same

Directors: Crete Brown and John Ellessan
Husband and wife

Same

5. Nature of Business

Mental Health
and well Being

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

Name (Typed or Printed)

Crete Brown

Date

Title

7-11-94

President