

No. C 82742	Annual Report Form Due No Later Than November 30, 1997		2. Registered Agent and Office NOT A P.O. BOX CHRISTOPHER J. BEESON 277 N. 6TH ST., SUITE 20 BOISE ID 83702	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address. Please Correct, If Not Correct HEALTH CARE MANAGEMENT AND C CHRISTOPHER J. BEESON P.O. BOX 2720 BOISE ID 83721		3. Organized Under the Laws of ID C 82742	
* FIRST NOTICE *				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
Director/ Treasurer	Brent Brocksome	11277 Verde Lane	Boise	ID 83709
Director/ Vice President	Patricia Brocksome	11277 Verde Lane	Boise	ID 83709
5. Health Care		6. Signature <u><i>Brent Brocksome</i></u> Date <u>7-15-97</u> Name (Typed or Printed) <u>Brent Brocksome</u> Title <u>Director</u>		

ISSUED: 07-04-1997 ↓ DO NOT TAPE OR STAPLE ↓

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