		INSTRUCTION	ONS ON REVERSE SIDE	و څو په په د	4 °	ł
No. 89730	lda	ho Corporatio	on Annual Report Form	2. Registered Agent and Office NOT A P.O. BO		
Return To	Due	Due No Later Than November 1,1991		L. JAY MITCHELL 911 PREACHER CREEK ROAD		
Secretary of State Room 203, Statehouse Boise, ID 83720	\$ Mhiiliski	Arielisees. Ph				
	3.0.		ERNESS, INC.	SHOSHONE	ID	R3352
		911 PREACHER		3. Incorporated Under The Laws of ID		
NO FEE REQUIRED	SHOS	HONE	ID 83352	NO: 089730		
4. Names and Addresses of O	fficers and Direc	tors				7
	Name		Street or P.O. Address	City	State	Zio
	Jay Mitchell		Route 3 Box 6715	Twin Falls	ID	83301
Directors:	la Campbell		639 Taylor Street	Twin Falls	ID	83301
5. Nature of Business		6. I certify that true, correct	this Annual Report has been exand complete.	kamined by me and is to the	e best of my	knowledge
Therapeutic Adolescent	Program	Signature s	Ila Campbell	Date	July 18,	1991
		Name (Typed or Printed)	11a Campbell	Title	Secretary	