'NO	Annual Report Form 1998	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON	Due No Later Than November 30,     Mailing Address - Please Correct, If Not Correct	BENJAMIN FALTER 517 W IDAHO ST
PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	STATE THEALTH ALLIANCE (Remise) 517 W IDAHO ST	BOISE ID 83702
		3. Organized Under the Laws of:
** FINAL NOTICE **	1 10 00102	ID W 3168
<ol> <li>Corporations: Enter Names ar Limited Liability Companies: E</li> </ol>	d Business Addresses of President, Secretary and Directors inter Names and Addresses of D Managers or D Members	
Office held Name	Street or P.O. Address	City State Zip
Member Bonnie	1115 -1 2701 Have khowa Wa	Poin Id 8319
muches R.	mi Latter 420 Brook dale yebar 6390 S. Maple grove	
member Buya	mi Salker 420 Brook dale	borse Fd. 83712 borse Il 83709
Please remove Signature of New Registere	OLINA Horey as a member of depending of the second of the	A,
Bargam Salta	Signature Beganni Falker Name (Typedior BENJAMIN F. FA	Date 10/19/98
135UED: 10-03-	7 DO 110-	1259
	DO NOT TAPE OR STAPLE	