

No. C 75884	<b>Annual Report Form</b> Due No Later Than November 30, 1996	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  CHARLES R. KAUFMAN 464 SHOUP AVENUE WEST  TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct  CHARLES R. KAUFMAN, PH.D., P CHARLES R. KAUFMAN 464 SHOUP AVENUE WEST  TWIN FALLS ID 83301	3. Organized Under the Laws of:  ID C 75884
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u> President Secretary	<u>Name</u> Charles R. Kaufman Patricia M. Kaufman	<u>Street or P.O. Address</u> 464 Shoup Ave W. 464 Shoup Ave. W.
	<u>City</u> Twin Falls Twin Falls	<u>State</u> ID ID
		<u>Zip</u> 83301 83301
5. NATURE OF BUSINESS  CLINICAL PSYCHOTHERAPY	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><i>Charles R. Kaufman</i></u> Date <u>2-18-96</u> Name (Typed or Printed) <u>Charles R. Kaufman</u> Title <u>President</u>	

ISSUED: 07-06-1996

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