| V 73768   |   | Report Form<br>Than November 30, | 1995 2                 | . Registered Ag   |                  |              | A P.O. BOX  |
|---|---|----------------------------------|------------------------|-------------------|------------------|--------------|-------------|
| turn to:<br>SECRETARY OF STATE                                    | 1. Mailing Address - Please                                     | Correct, If Not Correct          |                        | HOWARD<br>4980 W  |                  |              |             |
| 700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080        | HEALTHSCREEN<br>HOWARD E. KI<br>4980 WILDRYE                    |                                  |                        | BOISE             | ,                | ΙD           | 83703       |
| NO FEE REQUIRED   |   |                                  | 3                      | . Organized Un    | der the Laws     | of:          |             |
| FIRST NOTICE *  | BOISE   | ID 8370                          |                        | ID                |                  | C 83         | 506         |
| Corporations: Enter Names and<br>Limited Liability Companies: Ent | Business Addresses of <b>Presi</b><br>er Names and Addresses of |                                  | rectors<br>Members (cl | neck ane)         |                  |              |             |
| Office held Name  |   | or P.O. Address                  |                        | <u>City</u>       | State            | <u>e</u>     | <u>Zip</u>  |
| 20 mars   | _   |                                  |                        |                   |                  |              |             |
| ZESTORNI Youtho   | E King 498  | O WILDRYE                        | :                      | Q rx 2            | 710.4            | 0            | 7707        |
| 2 Secretary Ivy/ 4  | Eking 498<br>www. 465   | U WILDRYE<br>McKenna Dn.         | Moun                   | Borse<br>Ann Ihom | Ic/440<br>Idahi  | · 8.<br>· 83 | 3703<br>547 |
| Resident fourthon Secretary Ivy/ h                                | Agent 6. Signature  |                                  | l_                     | Date              |                  | Se s         |             |
| Signature of New Registered                                       | Agent 6. Signature Name (Typed Printed                          | <u> </u>                         | l_                     | Date              | _7/30<br>Preside | Se s         |             |
| ignature of New Registered  | Agent 6. Signature  | Howans                           | l_                     | Date              |                  | Se s         |             |
| ignature of New Registered  | Agent 6. Signature Name Printed                                 | Howans                           | [                      | Date              | _7/30<br>Preside | Se s         |             |