

ISSUED: 07-04-1995

No. 80646	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	J. WALTER SINCLAIR
	1. Mailing Address -- Please Correct if Not Correct	126 2ND AVE. N., PO BOX 336
Secretary of State	CLEARWATER CARE CENTER, INC.	TWIN FALLS ID 83303
700 W Jefferson	J.M. HUTCHINGS	
P.O. Box 83720	162 BLAKE STREET NORTH	3. Incorporated Under The Laws of
Boise, ID 83720-0080	TWIN FALLS ID 83301	ID
* FIRST NOTICE *		NO: 80646
NO FEE REQUIRED		

4. Names and Addresses of Officers and Directors

Name	Street or P.O. Address	City	State	Postal Code
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President:	JAMES M. HUTCHINGS	3254 WOODRIDGE DR.	TWIN FALLS, ID	83301
Secretary:	DIANE S. HUTCHINGS	"	"	"
Directors:				

SAME AS ABOVE

5. Nature of Business

INTERMEDIATE CARE
FACILITIES / MENTAL RETARD

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	<i>James M. Hutchings</i>	Date	7-17-95
Name (Printed)	JAMES M. HUTCHINGS	Title	PRER