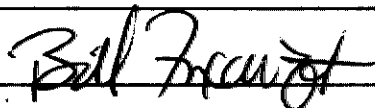


No. C120133	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct COMMUNITY CARE PLAN OF IDAHO BILL FOXCROFT 4948 KOOTENAI STE 205 BOISE ID 83705		BILL FOXCROFT 4948 KOOTENAI STE 205 BOISE ID 83705		
* FIRST NOTICE *	BOISE ID 83705		3. Organized Under the Laws of: ID C120133		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Hugh Philips	1441 NE 10th Ave	Payette	ID	83661
Secret/Treas	Leslyn Phelps	PO Box 266	Glenns Ferry	ID	83623
Vice Pres	Bill Eder	PO Box 2377	Pocatello	ID	83201
Board Member	Pat Morgan	388 Martin	Twin Falls	ID	83303
Board Member	Erwin Teuber	211 16th Avenue N	Nampa	ID	83687
Board Member	Diane Johnstone	PO Box 160	Idaho City	ID	83631
Board Member	Benewah Medical	PO Box 288	Plummer	ID	83851
(No Director at this time)					
5. Signature of New Registered Agent		6. <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 10px;"> <div style="text-align: center;"> Signature  Name (Typed or Printed) Bill Foxcroft </div> <div style="text-align: center;"> Date 2/20/99 Title Executive Director </div> </div>			

ISSUED: 07-03-1999

23031