

No. C 91939	Annual Report Form 1996 Due No Later Than November 30,		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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct LIFESTYLES MANAGEMENT, INC. RICH MICHAELSON 2907 GREENVALE PL NAMPA ID 83686		RICH MICHAELSON 2902 GREENVALE PL NAMPA ID 83686 3. Organized Under the Laws of: ID C 91939																			
4. Corporations: Enter Names and 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) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Rich Michaelson</td> <td>2907 Greenvale PL</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>Secretary/PP</td> <td>Shane L. Michaelson</td> <td>" " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Rich Michaelson	2907 Greenvale PL	Nampa	ID	83686	Secretary/PP	Shane L. Michaelson	" " "	"	"	"
Office held	Name	Street or P.O. Address	City	State	Zip																	
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Secretary/PP	Shane L. Michaelson	" " "	"	"	"																	
5. NATURE OF BUSINESS SERVICES TO THE PHYSICALLY CHALLENGED	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>[Signature]</i></u> Date <u>7-24-96</u> Name <small>(Typed or Printed)</small> <u>Rich Michaelson</u> Title <u>President</u>																					

ISSUED: 07-06-1996

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