

No. C 84974	Annual Report Form Due No Later Than November 30, 1996		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 WEST MAGIC CARE CENTER, INC. A. KEITH HOLLOWAY 1475 N COLE RD		RICHARD J. KIRWAN 1475 N COLE ROAD BOISE ID 83705		
3. Organized Under the Laws of:		* FIRST NOTICE * BOISE ID 83704 8537 ID C 84974			
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)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	A. Keith Holloway	1475 N. Cole Road	Boise	ID	83704
Secretary	Delta B. Holloway	1475 N. Cole Road	Boise	ID	83704
Directors	A. Keith Holloway	1475 N. Cole Road	Boise	ID	83704
	Delta B. Holloway	1475 N. Cole Road	Boise	ID	83704
5. NATURE OF BUSINESS NURSING FACILITY		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>A. Keith Holloway</i></u> Date <u><i>9-8-96</i></u> Name <small>(Typed or Printed)</small> <u>A. Keith Holloway</u> Title <u>President</u>			

ISSUED: 07-06-1996

20072