

No. <b>C 80646</b>	<b>Due no later than February 29, 2004</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		J WALTER SINCLAIR 126 2ND AVE. N., PO BOX 336																		
	CLEARWATER CARE CENTER, INC. J M HUTCHINGS 162 BLAKE STREET NORTH  TWIN FALLS, ID 83301		TWIN FALLS, ID 83303  3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>JAMES M. HUTCHINGS</td> <td>3254 WOODRIDGE DR.</td> <td>TWIN FALLS, ID.</td> <td></td> <td>83301</td> </tr> <tr> <td>SECRETARY</td> <td>DIANE S. HUTCHINGS</td> <td>3254 WOODRIDGE DR.</td> <td>TWIN FALLS, ID.</td> <td></td> <td>83301</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	JAMES M. HUTCHINGS	3254 WOODRIDGE DR.	TWIN FALLS, ID.		83301	SECRETARY	DIANE S. HUTCHINGS	3254 WOODRIDGE DR.	TWIN FALLS, ID.		83301
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5. Organized Under the Laws of:  IDAHO C 80646		6. Signature <u>James M. Hutchings</u> Date <u>1-12-04</u> Name <u>JAMES M. HUTCHINGS</u> Title <u>PRESIDENT</u>																			