No. c113534	Annual Report Form  Due No Later Than November 30, 1997	2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE	1 Mading Address Please Correct If Not Correct		
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	ALTERNATIVE NURSING SERVICES BILL E KRAUSE		BELOW
	111 45 xH N Change	3. Organized Under the L	TD 83501
* FIRST NOTICE *	LEWISTON ID HISO1	1.0	
<ul> <li>Corporations: Enter Names and Limited Liability Companies: Ent</li> </ul>	Business Addresses of President, Secretary and Directors or Names and Addresses of   Managers or  Members	(check one)	
Office hald Name	<b>6</b>		itete Zio
President Tess)	Coleman 1699 Silcory Hills Rd Coleman 1699 Silcory Hills Rd C	Clarkson 10	B 09412
Secretary Mus Bobby	Coleman 1699 Silver Hill De 1	2/ K	H 99403
117.)	THE STATE OF THE S	LAKENSTON, (P)	4 99%3
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	Curaesac, Edaho 8352	4	
	Signature Less /////	2010 Date	8/14/97
1	Name (Typed or TESS WILLIAM)		8/14/97
ISSUED: 07-04-1	97 DO NOT TAPE OR STAPLE	1107	
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