

No. <b>C 77545</b>	<b>Annual Report Form 1996</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct <b>NELSON INSTITUTE, INC. (THE)</b> <del>ROBERT C. HANLIN</del> <del>PO BOX 16488</del> <i>1010 N. Orchard, Ste #1</i> <b>BOISE ID <del>83720</del> 83706</b>		<del>JOAN NELSON</del> <b>DAVE LEWIS</b> <b>1010 NORTH ORCHARD</b>  <b>BOISE ID 83706</b>
			3. Organized Under the Laws of:
			<b>ID C 77545</b>

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Dave LEWIS	1010 N. Orchard	Boise	Ida	83706
Secretary	Annette Lewis	3698 Covered Wagon	Boise	Ida	83713
Director	Dave LEWIS	1010 N. Orchard	Boise	Ida	83706

5. NATURE OF BUSINESS  <b>ALCOHOL DRUG OUTPATIENT SERVICES</b>	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 <i>DAVE LEWIS</i> Name (Typed or Printed) <b>DAVE LEWIS</b>	Date <b>11/12/96</b> Title <b>President/Director</b>

ISSUED: 10-05-1996 8298