	INSTI	RUCTIONS ON HL VERSE SIDE	La Nichard Co	پ ښو د سر پيسور	
		oration Annual Report Form	2. Registered Agent and Office NOT A P.O. BO		
Return To	Due No Late	Due No Later Than November 1, 1993		MYRON DAN GABBERT  305 WEST, FORT ST.	
Secretary of State	1. Mailing Address = Phase Context II that Context			(K) 31.	
Room 203, Statehouse Boise, ID 83720	ASSOCIATED HEALTH SERVICES, P.A.M. D. GABBERT 305 W FORT ST		BOISE	10 83 <b>7</b> 02	
			3. Incorporated Under The Laws		
** FINAL NOTICE ** NO FEE REQUIRED	BOISE	ID 83702	of ID NO: 95364		
<ol><li>Names and Addresses of Officer</li></ol>	s and Directors	MUST BE PRINTED C	JA TYRED		
	Name	Street or P.O. Address	City	State Zio	
President: George T. Cox Secretary: Directors: Susan C. Johnson		2871 Curtis	Boise,	Idaho 83705	
		2871 Curtis	Boise,	Idaho 83705	
same as	above				
. Nature of Business	6. I certify	that this Annual Report has been example and complete.	nined by me and is to the	ne best of my knowledge	
Health Services	Signature	Sugar Clohner	ノ Date .	11/1/93	
	Name Aring	SUSAN C. JOHNSON	Title \$	BC.	