

Annual Report Form

Due No Later Than November 30,

1998

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

** FINAL NOTICE **

1. Mailing Address - Please Correct, If Not Correct

HEALTH CARE MANAGEMENT AND C
CHRISTOPHER J. BEESON
P.O. BOX 2720

BOISE

ID 83701

2. Registered Agent and Office **NOT A P.O. BOX**

CHRISTOPHER J. BEESON
277 N. 6TH ST., SUITE 20
BOISE ID 83702

3. Organized Under the Laws of:

ID

C 82742

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

Director/
Treasurer

Brent Brocksome

11277 Verde Lane

Boise

ID 83709

Director/
Vice President

Patricia Brocksome 11277 Verde Lane

Boise

ID 83709

5. Signature of New Registered Agent

6.

Signature

Name (Typed or Printed)

Brent Brocksome

Date

11-9-98

Title

Director

ISSUED: 10-03-1998

DO NOT TAPE OR STAPLE

6575