

No. <b>C 45703</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30, 1996</i>	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>	1. Mailing Address - Please Correct, If Not Correct  DR. JAMES HOLLINGSWORTH, CHA DR. JAMES HOLLINGSWORTH 1661 SHORELINE DR., SUITE 220	DR. JAMES HOLLINGSWORTH 1661 SHORELINE DR., SUITE  BOISE ID 83706																								
* FIRST NOTICE *      BOISE ID 83706		3. Organized Under the Laws of:  ID C 45703																								
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Office held</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRES.</td> <td>JAMES HOLLINGSWORTH</td> <td>1661 SHORELINE DR.</td> <td>BOISE</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>SEC.</td> <td>JAMES HOLLINGSWORTH</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>DIRECTOR</td> <td>JAMES HOLLINGSWORTH</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRES.	JAMES HOLLINGSWORTH	1661 SHORELINE DR.	BOISE	ID	83706	SEC.	JAMES HOLLINGSWORTH	" "	"	"	"	DIRECTOR	JAMES HOLLINGSWORTH	" "	"	"	"
Office held	Name	Street or P.O. Address	City	State	Zip																					
PRES.	JAMES HOLLINGSWORTH	1661 SHORELINE DR.	BOISE	ID	83706																					
SEC.	JAMES HOLLINGSWORTH	" "	"	"	"																					
DIRECTOR	JAMES HOLLINGSWORTH	" "	"	"	"																					
5. NATURE OF BUSINESS  MEDICAL OFFICE		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 <u>Dr James H Hollingsworth</u> Date <u>8/5/96</u> Name (Typed or Printed) <u>JAMES HOLLINGSWORTH</u> Title <u>PRES.</u>																								

ISSUED: 07-06-1996

21410