	INSTRUC	CTIONS ON REVERSE SIDE	ISSUED:	06-30-1990	
No. 67917	Return To Due No Later Than November 1, 1990 1 Mailing Address — Please Correct		2. Registered Agen	Registered Agent and Office	
Return To Secretary of State Room 203, Statehouse Boise, ID 83720			IMOGENE CARICO 855 SOUTH CURTIS ROAD		
					STATE COORDINATING COMMITTE IMOGENE CARICO 855 SOUTH CURTIS ROAD
	3. Incorporated Under The Laws of ID				
	NO FEE REQUIRED	BOISE	ID 83705	NO: 067917	7
4. Names and Addresses of Office	rs and Directors			,	
	<u>Name</u>	Street or P.O. Address	<u>City</u>	State Zip	
President: Liz Miller Secretary: Mercedes McC Directors: Blāke Lewis Imogene Cari		1111 S Orchard,S 6901 Emerald, St 3295 Elder St. 855 S. Curtis Rd	e 203 Boise Boise	ID 83704 , ID 83705	
5. Nature of Business National Healt. Agencies	6. I certify the true, correct Signature Name (Typed a Printed)	J	nined by me and is to Date Title	the best of my knowledge /0/19/90 Treasumer	