No. C 97883		Annual Report Form Due No Later Than November 30, 1996				2. Registered Agent and Office NOT A P.O. BOX												
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED		1. Mailing Address - Please Correct, If Not Correct TWIN GABLES MEDICAL CENTER, STUART B DENNY MD 314 IRONWOOD DR				STUART B DENNY 914 IRONWOOD DR COEUR D'ALEN ID 83814 3. Organized Under the Laws of:												
										* FIRST VC	COFIR D ALEVE ID 83814 Addresses of President, Secretary and Directors				10		<u> </u>	7883
										Limited Liability	Companies: Ent	er Names and	d Addresses o	Secretary and of Managers	Directors or	(check one)		
Office held	Name		Street or P.O. Address					State	Zip									
President	Randel Hi	enneberg	914	tronwood Svi	ue Ste 201	Coeurd	Hene	O	83814									
President Secretory Treonunce	Brad Dru Staut De	nz	9,4	Drawwood Or	riu ste 101	**	ι,	L -	د بر									
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PROPERTY MANAGEME		IENT					,											
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