

No. C 80646	Due no later than Feb 28, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable CLEARWATER CARE CENTER, INC. J M HUTCHINGS 162 BLAKE STREET NORTH TWIN FALLS, ID 83301		J WALTER SINCLAIR 126 2ND AVE. N., PO BOX 336 TWIN FALLS, ID 83303 3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>JAMES M. HUTCHINGS</td> <td>3254 WOODRIDGE DR.</td> <td>TWIN FALLS,</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>SECRETARY</td> <td>DIANE S. HUTCHINGS</td> <td>3254 WOODRIDGE DR.</td> <td>TWIN FALLS,</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	JAMES M. HUTCHINGS	3254 WOODRIDGE DR.	TWIN FALLS,	ID	83301	SECRETARY	DIANE S. HUTCHINGS	3254 WOODRIDGE DR.	TWIN FALLS,	ID	83301
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5. Organized Under the Laws of: IDAHO C 80646	6. Signature <u>James M. Hutchings</u> Date <u>12-12-01</u> Name (Typed or Printed) <u>JAMES M. HUTCHINGS</u> Title <u>PRESIDENT</u>																				