

No. C 98949	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct HUMAN HEALTH SERVICES, INC. 4380 BEACON LIGHT RD EAGLE ID 83616		Mr Richard Fullilove 4380 W Beacon Light Rd Eagle, ID 83616-2140 500 702 3. Organized Under the Laws of: ID C 98949
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)			
<u>Office held</u> President V. Pres.	<u>Name</u> Richard Fullilove Cheryl Fullilove	<u>Street or P.O. Address</u> 4380 W. Beacon Light Rd 4380 W. Beacon Light Rd	<u>City</u> Eagle Eagle
			<u>State</u> ID ID
			<u>Zip</u> 83616 83616
5. Signature of New Registered Agent Richard Fullilove		6. <u>Signature</u> Richard Fullilove <u>Date</u> 8-5-99 <u>Name (Typed or Printed)</u> Richard Fullilove <u>Title</u> President	

ISSUED: 07-03-1999

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