

No. <b>C113534</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1995</b>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>BILL E KRAUSE</b> <b>111 45TH N</b>  <b>LEWISTON ID 83501</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  <b>ALTERNATIVE NURSING SERVICES</b> <b>BILL E KRAUSE</b> <b>111 45TH N</b>  <b>LEWISTON ID 83501</b>	3. Organized Under the Laws of:  <b>ID C113534</b>
* <b>FIRST NOTICE *</b>		
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<b>PRESIDENT</b>	<b>TERESA M. WILLIAMS</b>	<b>1699 SILCOTT HILLS RD</b>
<b>Secretary</b>	<b>Bobby L. Coleman</b>	<b>1699 SILCOTT HILLS RD</b>
<u>City</u>	<u>State</u>	<u>Zip</u>
<b>CLK</b>	<b>WA</b>	<b>99403</b>
<b>CLK</b>	<b>WA</b>	<b>99403</b>
<b>#2 REGISTERED Agent HAS changed to: COURT KOEP, CPA</b> <b>2348 Ironwood Center DRIVE</b> <b>CORVALLIS ALORNE, ID 83814</b>		
5. NATURE OF BUSINESS  <b>PRIVATE DUTY NURSING</b>	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><i>Tessa Williams</i></u> Date <u>10-16-95</u>  Name (Typed or Printed) <u>TESS WILLIAMS</u> Title <u>PRESIDENT</u>	

ISSUED: 07-06-1995

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