


No. <b>W 155</b>	<b>Annual Report Form 1996</b> Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b> <b>JAMES TANZINI</b> <b>5321 EMERALD ST</b> <b>BOISE ID 83706</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b> <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct <b>A- AVENUE HEALTH SERVICES, L.L.C.</b> <b>JAMES TANZINI</b> <b>5321 EMERALD</b>  <b>BOISE ID 83706</b>		3. Organized Under the Laws of: <b>ID W 155</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"/> Managers or <input checked="" type="checkbox"/> Members (check one)  <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>JAMES TANZINI</td> <td>5699 FORTRESS CT</td> <td>BOISE</td> <td>ID</td> <td>83703</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	MEMBER	JAMES TANZINI	5699 FORTRESS CT	BOISE	ID	83703
Office held	Name	Street or P.O. Address	City	State	Zip											
MEMBER	JAMES TANZINI	5699 FORTRESS CT	BOISE	ID	83703											
5. SIGNATURE OF CURRENT RA  ANY LAWFUL		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  Date <b>7-15-96</b> Name <small>(Typed or Printed)</small> <b>JAMES TANZINI</b> Title <b>MEMBER</b> <b>1576</b>														
ISSUED: 07-08-1996																