No. 082742	Idaho Corporat	ion Annual Report Form	2. Registered Agent and Office CHRISTOPHER J. BECSON 277 N. 6TM ST SUITE 20 BOISE. IDAHC 637020 FERED		
Return To Secretary of State Room 203, Statehouse Boisen D 83720 4 3, PH	1. Mailing Address — Place **BEALTH CARE M	ANAGEMENT AND CONSU			
	CHRISTOPHER J ATE.O. BOX 2720 BOISE. IDAMO 83701		3. Incorporated Under of OCT 13 STATE OF		
4. Names and Addresses of Officer	s and Directors				
Secretary: & V.P. P. Directors:	Name Brent Brocksome Patricia Brocksome Brent Brocksome Patricia Brocksome	Street or P.O. Address 11277 Verde Lane 11277 Verde Lane	<u>City</u> Boise Boise	<u>State Zip</u> ID 8370 ID 8370	
5. Nature of Business	6. I certify that true, correc	t this Angual Report has been examit and complete.	nined by me and is to th	e best of my knowled	lge
Health Care	Signature X Name (Typed or Printed)	Brent Brocksome	Date (Title P:	0-13-87 resident	
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