

INSTRUCTIONS ON REVERSE SIDE

No. 80371	Idaho Corporation Annual Report Form Due No Later Than November 1, 1993	2. Registered Agent and Office NOT A P.O. BOX JAMES M. HUTCHINGS 2279 LONGBOW DR. TWIN FALLS ID 83301																				
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address: The Corporation's Mailing Address EXCEPTIONAL CHILD CENTER, INC. JAMES & DIANE HUTCHINGS 158 BLAKE STREET NORTH TWIN FALLS ID 83301	3. Incorporated Under The Laws of ID NO: 80371																				
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																						
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: JAMES M. HUTCHINGS</td> <td>3254 WOODRIDGE DR.</td> <td>TWIN FALLS, ID</td> <td></td> <td>83301</td> </tr> <tr> <td>Secretary: DIANE S. HUTCHINGS</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors: JAMES M. HUTCHINGS</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: JAMES M. HUTCHINGS	3254 WOODRIDGE DR.	TWIN FALLS, ID		83301	Secretary: DIANE S. HUTCHINGS	"	"	"	"	Directors: JAMES M. HUTCHINGS	"	"	"	"
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Directors: JAMES M. HUTCHINGS	"	"	"	"																		
5. Nature of Business DEVELOPMENTAL DISABILITY CENTER	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td><i>James M. Hutchings</i></td> <td>7-8-93</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> </tr> <tr> <td>JAMES M. HUTCHINGS</td> <td>PRESIDENT</td> </tr> </table>		Signature	Date	<i>James M. Hutchings</i>	7-8-93	Name (Typed or Printed)	Title	JAMES M. HUTCHINGS	PRESIDENT												
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