

## INSTRUCTIONS ON REVERSE SIDE

|   |  |  |
|---|--|--|
| No. 98949   | Idaho Corporation Annual Report Form   | 2. Registered Agent and Office NOT A P.O. BOX        |
| Return To   | Due No Later Than November 30, 1995  | ERIC L. HAFF   |
| Secretary of State<br>700 W Jefferson<br>P.O. Box 83720<br>Boise, ID 83720-0080 | 1. Mailing Address -- Please Correct If Not Correct<br>HUMAN HEALTH SERVICES, INC. | 1109 WEST MAIN STE 500                               |
| * FIRST NOTICE *  | <del>XXXXXX Eagle Light Inc XXXX</del>   | BOISE ID 83702                                       |
| NO FEE REQUIRED   | 4380 Beacon Light Road<br>EAGLE ID 83616   | 3. Incorporated Under The Laws of<br>ID<br>NO: 98949 |

## 4. Names and Addresses of Officers and Directors

|            | Name              | Street or P.O. Address | City  | State | Postal Code |
|------------|-------------------|------------------------|-------|-------|-------------|
| President: | Richard Fullilove | 4380 Beacon Light Road | Eagle | ID    | 83616       |
| Secretary: | Cheryl Fullilove  | 4380 Beacon Light Road | Eagle | ID    | 83616       |
| Directors: | Same              |                        |       |       |             |

## 5. Nature of Business

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

*Richard Fullilove*

Date

20 July 95

Name

(Typed or Printed)

Richard Fullilove

Title

President