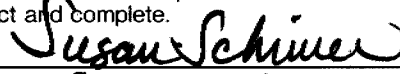
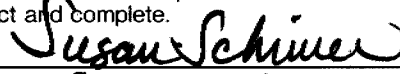
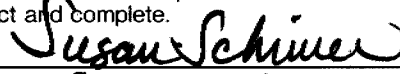


ISSUED: 07-05-1994

No. 89314	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994		2. Registered Agent and Office SUSAN SCHRIVER 300 E MALLARD SUITE 160 BOISE ID 83706																					
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — CLAIMS MANAGEMENT SERVICES, INC SUSAN SCHRIVER P O BOX 7483 BOISE ID 83707		3. Incorporated Under The Laws of ID NO: 89314 RECEIVED JUL 20 1994																					
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: Susan Schriver</td> <td>P. O. Box 7483</td> <td>Boise,</td> <td>ID</td> <td>83707</td> </tr> <tr> <td>Secretary: Robert Lechot</td> <td>P. O. Box 7186</td> <td>Boise,</td> <td>ID</td> <td>83707</td> </tr> <tr> <td>Directors: Same</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: Susan Schriver	P. O. Box 7483	Boise,	ID	83707	Secretary: Robert Lechot	P. O. Box 7186	Boise,	ID	83707	Directors: Same				
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5. Nature of Business Case Management	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="0"> <tr> <td>Signature </td> <td>Date 7/20/94</td> </tr> <tr> <td>Name (Typed or Printed) Susan Schriver</td> <td>Title President</td> </tr> </table>				Signature 	Date 7/20/94	Name (Typed or Printed) Susan Schriver	Title President																
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