

No. C 66570	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct NATIONAL HEALTH AGENCY, INC. RON G. CROWLEY P. O. BOX 8033		RON G. CROWLEY XXXXXX XXXXXX 4589 ALBION ST. 83705 BOISE ID XXXXX
* FIRST NOTICE *		BOISE ID 83707	ID C 66570
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
President	Ron G. Crowley	10360 Martingale	Boise
Secretary	Susan L. Rand	4589 Albion	Boise
Director	Ron G. Crowley	10360 Martingale	Boise
		<u>State</u>	<u>Zip</u>
		ID	83709
		ID	83705
		ID	83709
5. NATURE OF BUSINESS INSURANCE MARKETING		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 <u>Susan L. Rand</u> Date <u>10/18/96</u> Name (Typed or Printed) <u>Susan L. Rand</u> Title <u>Sec.-Treasurer</u>	

ISSUED: 07-06-1996

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