

No. <b>C 19530</b>	<b>Annual Report Form 1996</b> <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>MARIA ESCHEN</b> <b>200 NORTH 4TH, #200</b>  <b>BOISE ID 83702</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct		3. Organized Under the Laws of:  <b>ID C 19530</b>		
	<b>IDAHO NURSES ASSOCIATION, IN</b> <b>MARIA ESCHEN</b> <b>200 NORTH 4TH, #200</b>  <b>BOISE ID 83702</b>				
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Sheila Watkins	41 Westello Blvd.	Pocatello	ID	83204
Pres.-Elect	Gretchen Dimico	80 Butler Dr.	St. Maries	ID	83861
Secretary	Kelleen Nilsson	8701 W. Canterbury	Boise	ID	83704
Treasurer	Barbara Hatcher	831 Argyll Dr.	Boise	ID	83702
5. <b>NATURE OF BUSINESS</b>  <b>PROFESSIONAL ASSOCIATION</b>		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>Kelleen Nilsson</u> Date <u>10-26-96</u> Name (Typed or Printed) <u>Kelleen Nilsson</u> Title <u>Secretary</u>			

ISSUED: 07-06-1996

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