

No. <u>C 94803</u>	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct		JERRY D DOKE PHD 10448 GARVERDALE CT #612  BOISE ID 83704																									
	COMMUNITY SUPPORT INC. JERRY D DOKE, PHD 10448 GARVERDALE CT #612  BOISE ID 83704																											
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																												
<table border="1"> <thead> <tr> <th>Office held</th> <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</td> <td>Jerry D. Doke, Ph.D.</td> <td>5599 MARCLIFFE</td> <td>BOISE</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>SEC-TREAS.</td> <td>Mary A. Doke</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> <tr> <td>Vice President</td> <td>A. Parker Doke, M.D.</td> <td>2539 N. 35<sup>th</sup></td> <td>Phoenix</td> <td>AR.</td> <td>85009</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Jerry D. Doke, Ph.D.	5599 MARCLIFFE	BOISE	ID	83709	SEC-TREAS.	Mary A. Doke	" "	" "	" "	" "	Vice President	A. Parker Doke, M.D.	2539 N. 35 <sup>th</sup>	Phoenix	AR.	85009
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5. NATURE OF BUSINESS  HEALTH SERVICES		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>Jerry D. Doke, Ph.D.</u> Date <u>10-29-96</u> Name (Typed or Printed) <u>JERRY D. DOKE, PH.D.</u> Title <u>DIRECTOR</u>																										

ISSUED: 10-05-1996

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