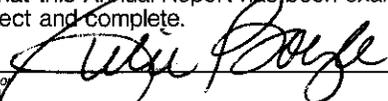
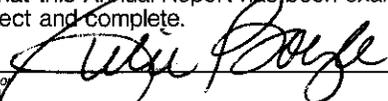
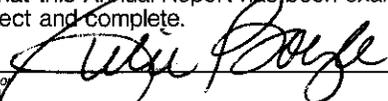


4. 40737	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1990</i>	2. Registered Agent and Office																																																																		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address — <i>Please Correct</i> HUMAN SERVICES, CENTER, INC COX & OHMAN, CHARTERED P.O. BOX 621 IDAHO FALLS ID 83402	JOHN M. OHMAN 185 SOUTH CAPITAL IDAHO FALLS ID 83401 58 3. Incorporated Under The Laws of ID NO: 040737																																																																		
4. Names and Addresses of Officers and Directors																																																																				
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5. Nature of Business Children & Family 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. <table border="1"> <tr> <td data-bbox="569 920 685 978">Signature Name <small>(Typed or Printed)</small></td> <td data-bbox="685 877 1239 978"></td> <td data-bbox="1239 920 1296 978">Date Title</td> <td data-bbox="1296 899 1511 952">7-11-90</td> </tr> </table>		Signature Name <small>(Typed or Printed)</small>		Date Title	7-11-90																																																														
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