

No. C103115		Annual Report Form Due No Later Than November 30, 1995		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 DRUG TEST WEST, INC. KAREN B HOFF 1303 S FIVE MILE PD		KAREN B HOFF 1303 S FIVE MILE RD BOISE ID 83709	
* FIRST NOTICE *		BOISE ID 83709		ID C103115	
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 checked="" type="checkbox"/> Members (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>
Secretary/ Director	Sonia K. Larson	719 E. State Street	Boise	ID	83712
Vice Pres/ Director	Sherri L. Kerns	5531 Round-Up	Boise	ID	83709
President/ Director	Karen B. Hoff	10385 Floating Feather	Star	ID	83669
5. NATURE OF BUSINESS DRUG TESTING ADMINISTRATOR		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>Karen B. Hoff</u> Date <u>7-30-96</u> Name (Typed or Printed) <u>Karen B. Hoff</u> Title <u>Pres/Director</u>			

ISSUED: 07-06-1995

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