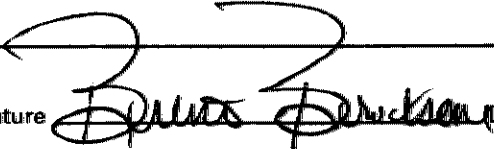


No. C 82742	Annual Report Form <i>Due No Later Than November 30,</i> 1999		2. Registered Agent and Office NOT A P.O. BOX CHRISTOPHER J. BEESON 277 N. 6TH ST., SUITE 20 BOISE ID 83702
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct HEALTH CARE MANAGEMENT AND C CHRISTOPHER J. BEESON P.O. BOX 2720 BOISE ID 83701		3. Organized Under the Laws of: ID C 82742
** FINAL NOTICE **			
4. Corporations: Enter Names and Business 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> <u>State</u> <u>Zip</u>
DIRECTOR/ TREASURER	BRENT BROCKSOME	11277 VERDE LANE	BOISE IDAHO 83709
DIRECTOR/ VICE PRESIDENT	PATRICIA BROCKSOME	11277 VERDE LANE	BOISE IDAHO 83709
5. <u>New</u> Registered Agent Signature	6. <div style="text-align: center;">  Signature _____ Date <u>11/01/99</u> </div> <div style="text-align: center;"> Name (Typed or Printed) <u>BRENT BROCKSOME</u> Title <u>DIRECTOR</u> </div>		

ISSUED: 10-01-1999
7452