o. C10o714	Annual Report Form	1997 2. Registered A	gent and Office <b>NOT</b>	A P.O. BOX
eturn to:	Due No Later Than November 30,  1. Mailing Address - Please Correct, If Not Correct		RPORATION	
SECRETARY OF STATE 700 WEST JEFFERSON	INTEGRATED HEALTH SERVICE	300 NO	ORTH 6TH ST	REET
PO BOX 83720 BOISE, ID 83720-0080	TALEGRATED HEALTH SERVICE	BOISE	10	83701
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	OWINGS MILLS MD 21117		C106	714
Emitted Liability Comedities Entired Liabilit	Business Addresses of <b>President, Secretary and Dire</b> or Names and Addresses of <b>Managers</b> or <b>I</b>	ectors Viembers (check one)		
VITICE DEID Name	Street or P.O. Address	<u>City</u>	State	<u>Zip</u>
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