

ISSUED: 07-05-1994

No. 77545 Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994 1. Mailing Address — NELSON INSTITUTE, INC. (THE) ROBERT G. HAMLIN P. O. BOX 152516488 BOISE ID 83715	2. Registered Agent and Office JOAN NELSON 1010 NORTH ORCHARD BOISE ID 83706 3. Incorporated Under The Laws of ID NO: 77545																								
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <th></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>JOAN L. NELSON</td> <td>1505 E Jefferson</td> <td>Boise</td> <td>Idaho</td> <td>83712</td> </tr> <tr> <td>Secretary:</td> <td>Dave Lewis</td> <td>3698 Covered Wagon Way</td> <td>Boise</td> <td></td> <td>83713</td> </tr> <tr> <td>Directors:</td> <td>INEZ Schoeler</td> <td>1010 N Orchard Suite 1</td> <td>Boise</td> <td>Idaho</td> <td>83706</td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	JOAN L. NELSON	1505 E Jefferson	Boise	Idaho	83712	Secretary:	Dave Lewis	3698 Covered Wagon Way	Boise		83713	Directors:	INEZ Schoeler	1010 N Orchard Suite 1	Boise	Idaho	83706
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5. Nature of Business Alcohol/Drug outpatient 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>Joan L. Nelson</u> Date <u>10/5/94</u> Name (Typed or Printed) <u>JOAN L. NELSON</u> Title <u>President</u>																									