

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 06-30-1990

No. 80646	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To	Due No Later Than November 1, 1990	J. WALTER SINCLAIR 126 2ND AVE. N., PO BOX 3
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct	TWIN FALLS ID 83303 23
	CLEARWATER CARE CENTER, INC J.M. HUTCHINGS 162 BLAKE STREET NORTH	3. Incorporated Under The Laws of ID
NO FEE REQUIRED	TWIN FALLS ID 83301	NO: 080646

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	JAMES M Hutchings	2279 Longbow Dr	Twin Falls	ID	83301
Secretary:	Diane S. Hutchings	" "	" "	" "	" "
Directors:	Same as above				

5. Nature of Business *Intermediate
Facility for Mentally
Retarded Adults*

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	<i>Diane S. Hutchings</i>	Date	<i>7-10-90</i>
Name (Typed or Printed)	<i>Diane S. Hutchings</i>	Title	<i>Secretary</i>