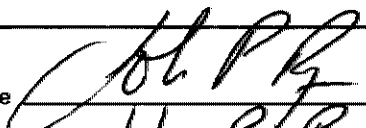


No. C 41356	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX PETER W LACZAY 1228 MCFARLAND AVE COEUR D'ALEN ID 83814																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct AMERICAN HEALTH PROVIDERS CO PETER W. LACZAY BOX 787 1010 Ironwood Dr. #105 83814 COEUR D'ALENE ID 83814		3. Organized Under the Laws of: ID C 41356																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President/Director</td> <td>Howard Crosby</td> <td>1010 Ironwood Dr. #105</td> <td>Coeur d'Alene</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Secretary/Director</td> <td>John Ryan</td> <td>1010 Ironwood #105</td> <td>Coeur d'Alene</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Director</td> <td>Peter Laczay</td> <td>1228 McFarland Ave.</td> <td>Coeur d'Alene</td> <td>ID</td> <td>83814</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President/Director	Howard Crosby	1010 Ironwood Dr. #105	Coeur d'Alene	ID	83814	Secretary/Director	John Ryan	1010 Ironwood #105	Coeur d'Alene	ID	83814	Director	Peter Laczay	1228 McFarland Ave.	Coeur d'Alene	ID	83814
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5. Signature of New Registered Agent		6. Signature  Name (Type or Print) John P. Ryan Date 11/2/99 Title Secretary																									

ISSUED: 07-03-1999

28910