

No. C 91813	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
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 ALCOHOLISM INTERVENTION SERV VERYL NYSTROM 8436 FAIRVIEW AVENUE BOISE ID 83704		VERYL NYSTROM 8436 FAIRVIEW AVENUE BOISE ID 83704 3. Organized Under the Laws of: ID C 91813																			
4. Corporations: Enter Names and 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) <table border="1" data-bbox="26 351 1468 510"> <thead> <tr> <th>Office held</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>Veryl Nystrom</td> <td>8436 Fairview Ste C</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>V-President</td> <td>Robert Nystrom</td> <td>8436 Fairview Ste C</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Veryl Nystrom	8436 Fairview Ste C	Boise	ID	83704	V-President	Robert Nystrom	8436 Fairview Ste C	Boise	ID	83704
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5. NATURE OF BUSINESS 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>Veryl Nystrom</u> Date <u>7-16-96</u> Name (Typed or Printed) <u>Veryl Nystrom</u> Title <u>President</u>																				

ISSUED: 07-06-1996

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