

# Annual Report Form

Due No Later Than November 30,

1996

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

1. Mailing Address - Please Correct, If Not Correct

COMMUNITY CARE ASSOCIATES, I  
MILES GREEN  
277 WEST CENTER

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277 WEST CENTER

VICTOR ID 83455

3. Organized Under the Laws of:

ID C 97767

\* FIRST NOTICE \*

VICTOR ID 83455

4. Corporations: Enter Names and Addresses of President, Secretary and Directors  
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

Pres.

Miles L. Green

P.O. box 15

Victor,

Id.

83455

5. NATURE OF BUSINESS

CASE MANAGEMENT

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 Miles L. Green Date 9/1/96

Name (Typed or Printed) Miles L. Green Title Pres.

ISSUED: 07-05-1995

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