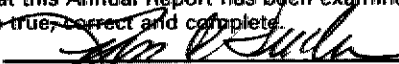


No. C 66223	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  <b>EXCEL HEALTH CARE MANAGEMENT</b> <b>JON T. FRYE</b> <b>16822 MEADOW LANE</b>  <b>NAMPA ID 83687</b>	<b>JON T. FRYE</b> <b>702 SOUTH SEVENTH AVENUE</b>  <b>CALDWELL ID 83605</b>  3. Organized Under the Laws of:  <b>ID C 66223</b>

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Leon C. Felder	16822 Meadow Lane	Nampa	Idaho	83687
Secretary/Treasurer	Marian L. Felder	16822 Meadow Lane	Nampa	Idaho	83687

5. <b>NATURE OF BUSINESS</b>  <b>HOME HEALTH CARE</b>	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></u> Date <u>7-19-96</u> Name (Typed or Printed) <u>LEON C. FELDER</u> Title <u>PRES.</u>
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ISSUED: 07-06-1996

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