

No. <u>4</u> 15	Annual Report Form 1995 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 ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct INTERMOUNTAIN COMMUNITY CARE JEFFREY STIEGLITZ 2692 TIPPERARY LANE PO BOX 1546 IDAHO FALLS ID 83403	JEFFREY STIEGLITZ 2962 TIPPERARY LANE 646 Highway 91 IDAHO FALLS ID 83404 FIRTH 83436
		3. Organized Under the Laws of: ID W 15

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
MM	Jeffrey STIEGLITZ	PO BOX 1546	Idaho Falls	ID	83403

5. SIGNATURE OF CURRENT RA 	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  Date 11/3/96 Name (Typed or Printed) J.B. Stieglitz Title MM
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ISSUED: 10-05-1996

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