

No. C 45708	Annual Report Form 1999 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		JAMES HOLLINGSWORTH 1661 SHORELINE DR., SUITE 220 BOISE ID 83706													
	DR. JAMES HOLLINGSWORTH, CHA JAMES HOLLINGSWORTH 1661 SHORELINE DR., SUITE 220 BOISE ID 83706		3. Organized Under the Laws of: ID C 45708													
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"> <thead> <tr> <th data-bbox="0 696 495 723">Office held</th> <th data-bbox="495 696 660 723">Name</th> <th data-bbox="660 696 991 723">Street or P.O. Address</th> <th data-bbox="991 696 1156 723">City</th> <th data-bbox="1156 696 1321 723">State</th> <th data-bbox="1321 696 1460 723">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="0 723 495 851">PRESIDENT</td> <td data-bbox="495 723 660 851">DR. JAMES HOLLINGSWORTH</td> <td data-bbox="660 723 991 851">1661 SHORELINE DR., SUITE 220</td> <td data-bbox="991 723 1156 851">BOISE</td> <td data-bbox="1156 723 1321 851">ID</td> <td data-bbox="1321 723 1460 851">83702</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	DR. JAMES HOLLINGSWORTH	1661 SHORELINE DR., SUITE 220	BOISE	ID	83702
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PRESIDENT	DR. JAMES HOLLINGSWORTH	1661 SHORELINE DR., SUITE 220	BOISE	ID	83702											

5. <u>New</u> Registered Agent Signature	6. Signature <u>Dr. James Hollingsworth</u> Date <u>10-14-99</u> Name (Typed or Printed) <u>DR. JAMES HOLLINGSWORTH</u> Title <u>PRESIDENT</u>	
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ISSUED: 10-01-1999

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