

No. C 98949

Annual Report Form
Due No Later Than November 30, 1995

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
HUMAN HEALTH SERVICES, INC.
4380 BEACON LIGHT RD

* FIRST NOTICE * EAGLE ID 83615

2. Registered Agent and Office **NOT A P.O. BOX**

ERIC L. HAFF
1109 WEST MAIN STE 500
BOISE ID 83702

3. Organized Under the Laws of:
ID C 98949

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	Richard Fullilove	4380 Beacon Light Road	Eagle	ID	83616
Secretary	Cheryl Fullilove	4380 Beacon Light Road	Eagle	ID	83616

5. **NATURE OF BUSINESS****CHILD CARE FACILITIES**

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 Richard Fullilove Date 8-29-96

Name (Typed or Printed) Richard Fullilove Title President

ISSUED: 07-06-1996

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