No. C 104199	Due no later than Dec 31, 2000 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box, if applicable LONG HEALTH CENTER, INC. MARK E LONG 45 EAST MAIN ST. ANTHONY, ID 83445	MARK E LONG 45 EAST MAIN ST. ANTHONY, ID 83445 3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	Mark E. Long	45 E Main	St. Anthony	ID	83445
Vice Pres.	Verl P. Long	45 E Main	St. Anthony	ID	83445
Sec.	Laurie A. Long	128 W. 4th N.	St. Anthony	ID	83445
Tres.	Audrey M. Ling	280 N 7th E.	St. Anthony	ID	83445

5. Organized Under the Laws of:	6.
IDAHO C 104199	Signature [signature] Date 10-13-00 Name (Typed or Printed) Mark E. LOng Title: ~~XXXX~~ Pres

Issued 10/02/2000 **Do Not Tape or Staple** 2209