

No. W 4644	Due no later than Sep 30, 2001		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	Annual Report Form		MELANIE J SCOTT													
	1. Mailing Address - Correct in this box, if applicable SCOTT COMMUNITY CARE, PLLC 507 OREGON ST DEARY, ID 83823 0307		507 OREGON ST DEARY, ID 83823 0307 3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members.																
<table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Melanie J. Scott</td> <td>P.O. Box 307</td> <td>Deary</td> <td>ID</td> <td>83823</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Melanie J. Scott	P.O. Box 307	Deary	ID	83823
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
President	Melanie J. Scott	P.O. Box 307	Deary	ID	83823											
5. Organized Under the Laws of: IDAHO W 4644		6. Signature <i>Melanie J Scott</i> Date <u>7-14-01</u> Name <small>(Typed or Printed)</small> <u>Melanie J Scott</u> Title <u>7-14-01</u>														