

No. W 1104	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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct NORTH IDAHO CARE SERVICES, - SCOTT BURPEE 820 ELM ST ST MARIES ID 83861		SCOTT BURPEE 820 ELM ST BOISE, ID 83720-0080 ID 83861 3. Organized Under the Laws of: IDAHO ID 1164													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Chief Executive Officer of Managing Member</td> <td>Scott F. Burpee</td> <td>820 Elm Street</td> <td>St. Maries</td> <td>ID</td> <td>83861</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Chief Executive Officer of Managing Member	Scott F. Burpee	820 Elm Street	St. Maries	ID	83861
Office held	Name	Street or P.O. Address	City	State	Zip											
Chief Executive Officer of Managing Member	Scott F. Burpee	820 Elm Street	St. Maries	ID	83861											
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 <u><i>Scott Burpee</i></u> Date <u>7-26-96</u> Name (Typed or Printed) <u>Scott F. Burpee</u> Title <u>CEO</u>															

ISSUED: 37-08-1996

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