

|                                                                                 |                                                 |                                               |
|---------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------|
| No. 65432                                                                       | Idaho Corporation Annual Report Form            | 2. Registered Agent and Office NOT A.P.O. BOX |
| Return To                                                                       | Due No Later Than November 30, 1995             | MARY MICHENER                                 |
| Secretary of State<br>700 W Jefferson<br>P.O. Box 83720<br>Boise, ID 83720-0080 | Mailing Address - Please Correct if Not Correct | 493 EASTLAND DRIVE                            |
| ★ FIRST NOTICE ★                                                                | M. MICHENER AND ASSOCIATES, INC                 | TWIN FALLS ID 83301                           |
| NO FEE REQUIRED                                                                 | 493 EASTLAND                                    | 3. Incorporated Under The Laws of             |
|                                                                                 | TWIN FALLS ID 83301                             | ID                                            |
|                                                                                 |                                                 | NO: 65432                                     |

## 4. Names and Addresses of Officers and Directors

|            | Name           | Street or P.O. Address | City       | State | Postal Code |
|------------|----------------|------------------------|------------|-------|-------------|
| President: | MARY MICHENER  | 493 EASTLAND DRIVE     | TWIN FALLS | ID    | 83301       |
| Secretary: | JERRY MICHENER | 493 EASTLAND DRIVE     | TWIN FALLS | ID    | 83301       |
| Directors: |                |                        |            |       |             |

## 5. Nature of Business

THERAPY

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 Mary Michener C.E.O. Date 7-18-95

Name (Typed or Printed) MARY MICHENER Title C.E.O.