

No. C 77288	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX Colleen Van Winkle KATHLEEN PALLYN 325 W IDAHO ST 4948 KOOTENAI #205 BOISE ID 83702
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 MOUNTAIN HEALTH CLINICS, INC COLLEEN HUGHES VanWinkle 4948 KOOTENAI SUITE 205		3. Organized Under the Laws of: 83705
* FIRST NOTICE * BOISE ID 83705 2082 ID C 77288			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> 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	Bill Brooks	Box 413	Garden Valley ID 83622
Vice President	Lori Waugh	Box 4206	Garden Valley ID 83622
Treasurer	Vicki Renfro	Box 29	Horseshoe Bend ID 83629
Secretary	Pat Michaelis	Box 105	Garden Valley ID 83622
Executive Dir	Colleen Van Winkle	4948 Kootenai #205	Boise ID 83705
5. NATURE OF BUSINESS ASSIST RURAL HEALTH CARE DELIVERY SYSTEM		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>Colleen M. Van Winkle</u> Date <u>7-15-96</u> Name <small>(Printed)</small> _____ Title <u>Exec Dir</u>	
ISSUED: 07-06-1996		Colleen VanWinkle 20905	