

No. C 93587	Annual Report Form Due No Later Than November 30, 1996		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	1. Mailing Address - Please Correct, if Not Correct		BONNITA M. TOWNE 10 SOUTH COLE ROAD BOISE ID 83709																			
	HEALTH MANAGEMENT ASSOCIATES BONNITA M. TOWNE 10 SOUTH COLE ROAD		3. Organized Under the Laws of: ID C 93587																			
* FIRST NOTICE * 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) <table border="1" data-bbox="18 362 1463 511"> <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>President</td> <td>Bonnita M. Towne</td> <td>10 S. Cole Rd</td> <td>Boise</td> <td>Id</td> <td>83709</td> </tr> <tr> <td>Secretary</td> <td>MaryAnn Brother</td> <td>10 S. Cole Rd</td> <td>Boise</td> <td>Id</td> <td>83709</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Bonnita M. Towne	10 S. Cole Rd	Boise	Id	83709	Secretary	MaryAnn Brother	10 S. Cole Rd	Boise	Id	83709
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Secretary	MaryAnn Brother	10 S. Cole Rd	Boise	Id	83709																	
5. NATURE OF BUSINESS HEALTH RISK MANAGEMENT		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>Bonnita M. Towne</u> Date <u>7-15-96</u> Name (Typed or Printed) <u>Bonnita M. Towne</u> Title <u>President</u>																				

ISSUED: 07-06-1996

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