INSTRUCTIONS ON REVERSE SIDE		
No. 67677	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30	STEPHEN E. SPENCER, M.D.
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 ** FINAL NOTICE ** NO FEE REQUIRED	STEPHEN E. SPENCER, M. D., PROF STEPHEN E. SPENCER, M.D. 290 SANU MTA. LOND BOISE ID 81706	30 ISE ID STONE B37/2 3. Incorporated Under The Laws of ID
4. Names and Addresses of O  President: STEPHEN E.  Secretary: SYDNEY J.  Directors: STEPHEN E.	fficers and Directors  Name Street or P.O. Address  SPENSER 2200 SNAW MTN. LOA	7 City State Poetal Code
5. Nature of Business HERLIN CARE	6. I certify that this Annual Report has been examined by me are complete.  Signature  Name (Typed or Printed)  STEPHEN E. SPENGEL	nd is to the best of my knowledge true, correct and  Date 10-24-55 Title PLESDENT