

No. W 6773	Due no later than Aug 31, 2000		2. Registered Agent and Office NO PO BOX																									
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		BRUCE HAMPTON																									
	1. Mailing Address - Correct in this box, if applicable		1646 S. WOODRUFF																									
	DTB, PLLC BRUCE HAMPTON 1646 S. WOODRUFF		IDAHO FALLS, ID 83404																									
	IDAHO FALLS, ID 83404 83404		3. New Registered Agent Signature																									
4. Limited Liability Companies: Enter Names and Addresses of Members. <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>Administrator</td> <td>Bruce Hampton</td> <td>84 N 3250 E</td> <td>Rigby</td> <td>Id</td> <td>83442</td> </tr> <tr> <td>Program Supervisor</td> <td>Tony Bell</td> <td>263 Steiner Ave.</td> <td>Rexburg</td> <td>Id.</td> <td>83440</td> </tr> <tr> <td>Clinic Supervisor</td> <td>Devere Hunt</td> <td>4675 Madison Blvd</td> <td>Idaho Falls</td> <td>Id.</td> <td>83401</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Administrator	Bruce Hampton	84 N 3250 E	Rigby	Id	83442	Program Supervisor	Tony Bell	263 Steiner Ave.	Rexburg	Id.	83440	Clinic Supervisor	Devere Hunt	4675 Madison Blvd	Idaho Falls	Id.	83401
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5. Organized Under the Laws of: IDAHO W 6773	6. Signature <i>Bruce Hampton</i> Name (Typed or Printed) <i>Bruce Hampton</i>		Date <i>10-8-00</i> Title: <i>Administrator</i>																									

Issued 06/01/2000

Do Not Tape or Staple

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