

No. C113618	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b> KEVIN S BAUER 1286 E 1500 N TERRETON ID 83450																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b> <b>** FINES NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct JEFFCLARK FAMILY HEALTH CENT KEVIN S BAUER PO BOX 57 TERRETON ID 83450		3. Organized Under the Laws of: ID C113618																			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one) <table border="1" style="width:100%; border-collapse: collapse;"> <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>Kevin S. Bauer</td> <td>1286 E 1500 N Box 57</td> <td>Terreton</td> <td>ID</td> <td>83450</td> </tr> <tr> <td>Secretary</td> <td>Julee Bauer</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Kevin S. Bauer	1286 E 1500 N Box 57	Terreton	ID	83450	Secretary	Julee Bauer	" "	"	"	"
Office held	Name	Street or P.O. Address	City	State	Zip																	
President	Kevin S. Bauer	1286 E 1500 N Box 57	Terreton	ID	83450																	
Secretary	Julee Bauer	" "	"	"	"																	
5. NATURE OF BUSINESS Healthcare		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>[Signature]</u> Date <u>11-30-96</u> Name (Typed or Printed) <u>K.S. Bauer</u> Title <u>Owner</u>																				

ISSUED: 10-05-1996

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