

No. C 82742

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

HEALTH CARE MANAGEMENT AND C  
CHRISTOPHER J. BEESON  
P.O. BOX 2720CHRISTOPHER J. BEESON  
277 N. 6TH ST., SUITE 20  
BOISE ID 83702

\* FIRST NOTICE \*

BOISE ID 83701

ID C 82742

3. Organized Under the Laws of:

4. Corporations: Enter Names and Addresses of President, Secretary and Directors  
Limited Liability Companies: Enter Names and Addresses of  Managers or  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>
Director/ Treasurer	Brent Brocksome	11277 Verde Lane	Boise	Idaho	83709
Director/ Vice President	Patricia Brocksome	11277 Verde Lane	Boise	Idaho	83709

5. NATURE OF BUSINESS  
HEALTH CARE6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  
Signature  Date 9/24/96  
Name (Typed or Printed) Brent Brocksome Title Director

ISSUED: 07-06-1996

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