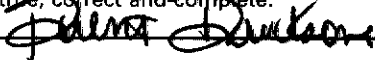


No. C 82742	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, if Not Correct		CHRISTOPHER J. BEESON 277 N. 6TH ST., SUITE 20 BOISE ID 83702																			
	HEALTH CARE MANAGEMENT AND C CHRISTOPHER J. BEESON P.O. BOX 2720 BOISE ID 83701																					
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"> <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>Director/ Treasurer</td> <td>Brent Brocksome</td> <td>11277 Verde Lane</td> <td>Boise</td> <td>Idaho</td> <td>83709</td> </tr> <tr> <td>Director/ Vice President</td> <td>Patricia Brocksome</td> <td>11277 Verde Lane</td> <td>Boise</td> <td>Idaho</td> <td>83709</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Director/ Treasurer	Brent Brocksome	11277 Verde Lane	Boise	Idaho	83709	Director/ Vice President	Patricia Brocksome	11277 Verde Lane	Boise	Idaho	83709
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5. NATURE OF BUSINESS HEALTH CARE	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></u> Date <u>9/24/96</u> Name (Typed or Printed) <u>Brent Brocksome</u> Title <u>Director</u>																					

ISSUED: 07-06-1996

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