INSTRUCTIONS ON REVERSE SIDE

No. 044743

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1988

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

1. Mailing Address — *Please Correct* 044743

MAGIC VALLEY ALCOHOLIC REHABILIT
GREG FULLER
P.O. BOX 414
TWIN FALLS, IDAHO
83301

OCT 20 PM 8 59

2. Registered Agent and Office

GREG J. FULLER
425 2ND AVENUE NORTH, 60
TWIN FALLS, IDAHO
83301

ENTERED

3. Incorporated Under The Laws of

OCT 20 1988

STATE OF IDAHO

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	Greg J. Fuller, Esq.	P O Box 30	Jerome	ID	83333
Secretary:	Lorayne O. Smith	916 Blue Lakes Blvd.	Twin Falls	ID	83301
Directors:	Judge Daniel Meehl	Courthouse	Twin Falls	ID	83301
	James L. Higgins, Jr.	P O Box 6942	Twin Falls	ID	83303
	Laird Seaitch, M.D.	666 Shoshone Street E	Twin Falls	ID	83301
	Carolee Walker	P O Box 3388	Ashland	OR	97520
	Penne Y. Main	1100 Blue Lakes Blvd. N.	Twin Falls	ID	83301
	Ruth Stevens	155 2nd Ave N.	Twin Falls	ID	83301

5. Nature of Business

alcohol/drug rehabilitation

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

Date 10-19-88

Name (Typed or Printed) Greg J. Fuller

Title Chairman of the Board