

No. C112414	Annual Report Form 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX MICHAEL F STORRS 605 W MAPLE CALDWELL ID 83605																														
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 CLARK, PETERSON, AND STORRS, 812 12TH AVE S STE E NAMPA ID 83651		3. Organized Under the Laws of: ID C112414																														
	4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																																
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 15%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Donald E. Clark</td> <td>521 C. Happy Valley Rd</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>Sec. Treasurer</td> <td>Andrew R. Peterson</td> <td>226 1/2 S. Powerline Rd.</td> <td>Nampa</td> <td>ID</td> <td>83686</td> </tr> <tr> <td>Vice President</td> <td>Michael F. Storrs</td> <td>605 W. Maple</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> <tr> <td>Director</td> <td>Jesus Serrano</td> <td>6617 Shenandoah Ave</td> <td>Los Angeles</td> <td>CA</td> <td>90056</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Donald E. Clark	521 C. Happy Valley Rd	Nampa	ID	83686	Sec. Treasurer	Andrew R. Peterson	226 1/2 S. Powerline Rd.	Nampa	ID	83686	Vice President	Michael F. Storrs	605 W. Maple	Caldwell	ID	83605	Director	Jesus Serrano	6617 Shenandoah Ave	Los Angeles	CA	90056
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5. NATURE OF BUSINESS <i>Residential Rehabilitation</i> <i>Case management for Mentally Ill</i> <i>Mental Health Clinic</i> ANY LAWFUL		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>Andrew R. Peterson</u> Date <u>8-14-96</u> Name (Typed or Printed) <u>Andrew R. Peterson</u> Title <u>Sec. Treasurer</u>																															

ISSUED: 07-06-1996

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