No. <b>C12</b> 06 <b>1</b> 8			eport Form han November 30,		Registered Agent a		A P.O. BO
	BEA 24: 312 30	CON HEALTH FIZTH AV E 12TH AV DISC IV PA Addresses of Presid		S/ I Idaho 4403 3.0	912 E 12 805 W. Z NAMPA Bojse Organized Under	TH AVE : daho st., ID	5/e 40 <del>8305</del> 8370
Office held  Dir/Pres  Dir/Sec/Treat					City Nampa Nampa	State ID ID	Zip 8 36 8 5 36 8
<sup>5.</sup> Signature of New	Registered Agent	6.	Hau 10a	<u>'</u>	Date {	8/13/99	<u> </u>
		6. Signature Name (Types)	Eguijoa SAANE T	ore		8/13/99 Preside	nt
	Registered Agent	Signature	Gaujoa SAANE T	ore	Title		nt :
		Signature	Eguipa SAANE t	OPP	Title		nt:
		Signature	Eguipa SHANE T	ore	Title		nt: