

No. <b>C 105096</b>	Due no later than Feb 28, 2002 Annual Report Form		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		CAROL A KELLER 1955 SPRINGBROOK LN  BOISE, ID 83706												
	ST. ELIZABETH CONVALESCENT HOSPITAL CAROL A KELLER 1955 SPRINGBROOK LN  BOISE, ID 83706		3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <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>Pres &amp; Sec.</td> <td>CAROL KELLER</td> <td>1955 Springbrook</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres & Sec.	CAROL KELLER	1955 Springbrook	Boise	ID	83706
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Pres & Sec.	CAROL KELLER	1955 Springbrook	Boise	ID	83706										
5. Organized Under the Laws of:  CALIFORNIA C 105096	6. Signature <u>Carol Keller</u> Date <u>12-12-01</u> Name (Typed or Printed) <u>CAROL KELLER</u> Title <u>Pres. &amp; Sec.</u>														