INSTRUCTIONS ON REVERSE SIDE

No. 98030

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1993

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

** FINAL NOTICE **
NO FEE REQUIRED

1. Mailing Address (Must Be Completed)

~~SNAKE~~ ~~RIVER~~ HEALTH MANAGEMENT
~~XXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXX~~ P.O. Box 1786
Idaho Falls, ID
~~XXXXXXXXX~~ ~~XXXXXXXX~~ 83403

2. Registered Agent and Office **NOT A P.O. BOX**

~~XXXXXXXXXX~~ David Andersen
765 W JUDICIAL

BLACKFOOT ID 83221

3. Incorporated Under The Laws

of ID
NO: 98030

4. Names and Addresses of Officers and Directors **MUST BE PRINTED OR TYPED**

	Name	Street or P.O. Address	City	State	Zip
President:	David L. Andersen	P.O. Box 1786	Idaho Falls	ID	83403
Secretary:	Susan A. Andersen	P.O. Box 1786	Idaho Falls	ID	83403
Directors:	David L. Andersen	P.O. Box 1786	Idaho Falls	ID	83403

5. Nature of Business

Health Services

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 David L. Andersen Date 10/27/93

Name (Typed or Printed) David L. Andersen Title President