

No. 080646	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1987		J. WALTER SINCLAIR 126 2ND AVE. N., PO BOX TWIN FALLS, IDAHO 83301 3. Incorporated Under The Laws of STATE OF IDAHO																									
	1. Mailing Address — Please Correct 080646																											
	CLEARWATER CARE CENTER, INC. JERRY BROWN J.M. HUTCHINGS 647 DEL MAR DRIVE 162 BLAKE ST. N. TWIN FALLS, IDAHO TWIN FALLS, ID 83301 83301																											
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></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>President:</td> <td>JAMES M. HUTCHINGS</td> <td>2279 Longbow DR</td> <td>TWIN FALLS</td> <td>ID.</td> <td>83301</td> </tr> <tr> <td>Secretary:</td> <td>DIANE S. HUTCHINGS</td> <td>2279 Longbow DR.</td> <td>TWIN FALLS</td> <td>ID.</td> <td>83301</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	JAMES M. HUTCHINGS	2279 Longbow DR	TWIN FALLS	ID.	83301	Secretary:	DIANE S. HUTCHINGS	2279 Longbow DR.	TWIN FALLS	ID.	83301	Directors:					
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Directors:																												
5. Nature of Business INTERMEDIATE CARE FACILITY / MENTAL RETARD		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 <i>J. M. Hutchings</i> Name (Typed or Printed) JAMES M. HUTCHINGS Date 8-15-87 Title PRESIDENT																										

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