

No. C111122	Annual Report Form 1996 Due No Later Than November 30,	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct AMERI-CARE, INC. SCOTT A JENKINS 5955 CASTLE DR 3361 N. JONES PL. 83704 BOISE ID 83703	SCOTT A JENKINS 5955 CASTLE DR BOISE ID 83703
* FIRST NOTICE *		3. Organized Under the Laws of: ID C111122

4. Corporations: Enter Names and Addresses of President, Secretary and Directors
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	SCOTT JENKINS	3361 N. JONES PL.	BOISE	ID	83704
Sec/TREA	Linda Hines	4356 N. Nines Ridge Ln	BOISE	ID	83702

5. NATURE OF BUSINESS Health Care management 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>Scott A. Jenkins</u> Date <u>9/12/96</u> Name (Typed or Printed) <u>SCOTT A. JENKINS</u> Title <u>PRES.</u>
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ISSUED: 07-06-1996

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