

No. C111122

Annual Report Form
Due No Later Than November 30, 1995

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

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

AMERI-CARE, INC.
SCOTT A JENKINS
~~5955 CASTLE DR~~
~~3361 N. Jones Pl.~~ 83704
BOISE ID 83703SCOTT A JENKINS
5955 CASTLE DR
BOISE ID 83703

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 heldNameStreet or P.O. AddressCityStateZip

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

Name (Typed or
Printed)

Date

9/12/95

Title

Pres.

ISSUED: 07-06-1995

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