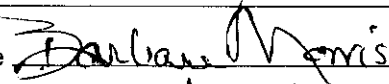


No. C 99662 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Sep 30, 2000 Annual Report Form 1. Mailing Address - Correct in this box, if applicable IDAHO FALLS RECOVERY CENTER, INC. 1957 E 17TH ST IDAHO FALLS, ID 83404	2. Registered Agent and Office NO PO BOX BARBARA W. MORRIS 1957 E 17TH ST IDAHO FALLS, ID 83404 3. <u>New</u> Registered Agent Signature
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4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	JACKIE STREET	428 E Center	Shelby	ID	83724
SECRETARY	BARBARA MORRIS	3590 Spring Creek	IF	ID	83404
BOARD CHAIR	BARBARA NELSON, MD	3200 CHAUNING #A205	IF	ID	83404
DIRECTOR	DAVID E MOORE, RPh	12383 S. 1E	Shelby IF	ID	83404
DIRECTOR	STEVE KLIPPERT, MD	1945 E. 17th	IF	ID	83404
DIRECTOR	MARK PETERSON, MD	1945 E. 17th	IF	ID	83404

5. Organized Under the Laws of: IDAHO C 99662	6.  Signature _____ Date <u>7/20/00</u> (Typed or Printed) Name <u>BARBARA MORRIS</u> Title: <u>SECRETARY</u> XXXX
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