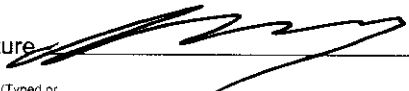
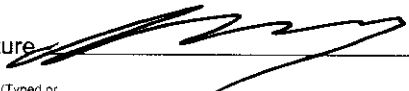
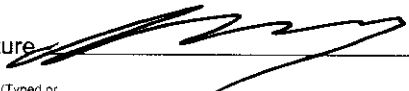


No. C 82742	Due no later than Dec 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		CHRISTOPHER J. BEESON 277 N. 6TH ST., SUITE 200 BOISE, ID 83702																		
	HEALTH CARE MANAGEMENT AND CONSULTI CHRISTOPHER J. BEESON P.O. BOX 2720 BOISE, ID 83701																				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" data-bbox="311 405 1886 798"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Director/ Treasurer</td> <td>Brent Brocksome</td> <td>1199 Shoreline Dr. Ste. 307</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>Director/ Vice President</td> <td>Patricia Brocksome</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Director/ Treasurer	Brent Brocksome	1199 Shoreline Dr. Ste. 307	Boise	ID	83702	Director/ Vice President	Patricia Brocksome	"	"	"	"
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5. Organized Under the Laws of: IDAHO C 82742	6. <table border="1" data-bbox="847 829 1886 954"> <tr> <td>Signature </td> <td>Date <u>12/31/01</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Christopher J. Beeson</u></td> <td>Title <u>Registered Agent</u></td> </tr> </table>			Signature 	Date <u>12/31/01</u>	Name <small>(Typed or Printed)</small> <u>Christopher J. Beeson</u>	Title <u>Registered Agent</u>														
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