INSTRUCTIONS ON REVERSE SIDE

No. 52153

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1993

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

** FINAL NOTICE **
NO FEE REQUIRED

1. Mailing Address

HEALTH WEST, INC.
[redacted] MICHAEL BROKAW
P. O. BOX 2377

POCATELLO ID 83206

2. Registered Agent and Office **NOT A P.O. BOX**

[redacted] MABEL STANTURF
[redacted] 348 HAYES ST
AMERICAN FALLS, IDAHO 83211

3. Incorporated Under The Laws
of ID
NO: 52153

4. Names and Addresses of Officers and Directors **MUST BE PRINTED OR TYPED**

	Name	Street or P.O. Address	City	State	Zip
President:	ROBERT STEVENS	PO BOX 83	BANCROFT	ID	83217
Secretary:	MABEL STANTURF	348 HAYES STREET	AMERICAN FALLS	ID	83211
Directors:	BOYD J. PETERSON	PO BOX 1785	POCATELLO	ID	83204
	SANDRA ORTIZ	428 CHICKADEE	CHUBBUCK	ID	83202
	BETTE CAGEN	PO BOX 873	POCATELLO	ID	83204
	PATRICIA BROWN	525 POLK STREET	AMERICAN FALLS	ID	83211
	CHARLES WOODWORTH	460 FILMORE	AMERICAN FALLS	ID	83211
	CONNIE SHEPHERD	708 BANNOCK AVENUE	AMERICAN FALLS	ID	83211
	CHERYL SORENSEN	2799 W 1500 S	ABERDEEN	ID	83210
	MANUEL CAVOZOS	PO BOX 452	ABERDEEN	ID	83210
	LEON GATES	PO BOX 247	LAVA HOT SPRGS	ID	83246
	APRIL HOBSON	10431 S BALDY MT ROAD	LAVA HOT SPRGS	ID	83246

5. Nature of Business
PRIMARY HEALTH CARE
COMMUNITY HEALTH CENTER

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 Robert Stevens Date 10-9-93

Name (Typed or Printed) ROBERT STEVENS Title PRESIDENT