

No. C110803	Annual Report Form Due No Later Than November 30, 1996		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 IDAHO BRAIN INJURY FOUNDATION DENNIS S VOORHEES PO BOX 3 TWIN FALLS ID 83303 0390		DENNIS S VOORHEES 733 ADDISON AVE TWIN FALLS ID 83303 0	
* FIRST NOTICE *		ID C110803		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
Director	Dennis S. Voorhees	P.O. Box 3 Twin Falls	Twin Falls	ID 83303
5. NATURE OF BUSINESS SUPPORT FOR PERSONS WITH BRAIN INJURY		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>Dennis S. Voorhees</u> Date <u>7.17.96</u> Name <u>Dennis S. Voorhees</u> Title <u>Director</u>		
ISSUED: 07-06-1995		3915		