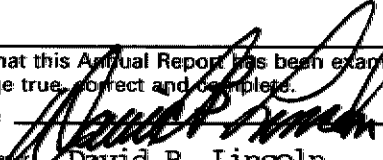


No. <b>C 42595</b>	<b>Annual Report Form 1996</b> <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct		CARL P. BURKE 702 WEST IDAHO BOISE ID 83702													
	SUN VALLEY FORUM ON NATIONAL KEY DAVID LINCOLN BOX 1539		3. Organized Under the Laws of:  ID C 42595													
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)  <table border="0" style="width:100%"> <tr> <td><u>Office held</u></td> <td><u>Name</u></td> <td><u>Street or P.O. Address</u></td> <td><u>City</u></td> <td><u>State</u></td> <td><u>Zip</u></td> </tr> <tr> <td colspan="6" style="text-align:center">See Attached</td> </tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	See Attached					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
See Attached																
5. NATURE OF BUSINESS  MEDICAL INFORMATION		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  Date <u>10/9/96</u> Name (Type or Printed) <u>David B. Lincoln</u> Title <u>Sec.</u>														

ISSUED: 07-06-1996

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## **SUN VALLEY FORUM**

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