

No. C102515	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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct E. D. WENGER AND ASSOCIATES, E. D. WENGER 5107 S OAK HILL AVE P.O. Box 836 CALDWELL ID 83605		E. D. WENGER 15135 <i>Fiesta Way</i> 5107 S OAK HILL AVE P.O. Box 836 CALDWELL ID 83605 3. Organized Under the Laws of: ID C102515													
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)																
<table border="1"> <thead> <tr> <th data-bbox="37 665 247 691">Office held</th> <th data-bbox="247 665 545 691">Name</th> <th data-bbox="545 665 908 691">Street or P.O. Address</th> <th data-bbox="908 665 1073 691">City</th> <th data-bbox="1073 665 1239 691">State</th> <th data-bbox="1239 665 1480 691">Zip</th> </tr> </thead> <tbody> <tr> <td data-bbox="37 691 247 813">Pres/Sec.</td> <td data-bbox="247 691 545 813">E.D. Wenger</td> <td data-bbox="545 691 908 813"> P.O. Box 836 15135 <i>Fiesta Way</i> </td> <td data-bbox="908 691 1073 813">Caldwell</td> <td data-bbox="1073 691 1239 813">ID</td> <td data-bbox="1239 691 1480 813">83605</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres/Sec.	E.D. Wenger	P.O. Box 836 15135 <i>Fiesta Way</i>	Caldwell	ID	83605
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Pres/Sec.	E.D. Wenger	P.O. Box 836 15135 <i>Fiesta Way</i>	Caldwell	ID	83605											
5. NATURE OF BUSINESS COUNSELING & HEALTH SERVICES		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><i>E.D. Wenger</i></u> Date <u>9-16-96</u> Name (Typed or Printed) <u>E.D. Wenger</u> Title <u>President</u>														

ISSUED: 07-06-1996

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