

INSTRUCTIONS ON REVERSE SIDE

No. 108639	Idaho Corporation Annual Report Form Due No Later Than November 1,	2. Registered Agent and Office																																															
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 FORFEIT 12/2/96 \$20 STATE OF IDAHO	1. Mailing Address — Please Correct IDAHO CITY COMMUNITY HEALTH CLINIC INC. HERMAN J VORBECK PO BOX 517 IDAHO CITY ID 83631	PATRICIA CAMPBELL IDAHO CITY HOTEL IDAHO CITY ID 83631 3. Incorporated Under The Laws of Idaho																																															
4. Names and Addresses of Officers and Directors																																																	
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: Leonard Rick</td> <td>200 Cottenwood</td> <td>Id, City</td> <td>Id.</td> <td>83631</td> </tr> <tr> <td>Secretary: Judy Lancing</td> <td>P.O. Box 172</td> <td>Id. City</td> <td>Id.</td> <td>83631</td> </tr> <tr> <td>Directors: Ed. Gray</td> <td>P.O. Box 403</td> <td>Id. City</td> <td>Id.</td> <td>83631</td> </tr> <tr> <td>Lois Wade</td> <td>P.O. Box 468</td> <td>Id. City</td> <td>Id.</td> <td>83631</td> </tr> <tr> <td>Joe weiss</td> <td>Hc 42 Box 5310</td> <td>Id. City</td> <td>Id.</td> <td>83631</td> </tr> <tr> <td>Jacquelyn Crowell</td> <td>Hc 42 Box 5331</td> <td>Id. City</td> <td>Id.</td> <td>83631</td> </tr> <tr> <td>Pat Campbell</td> <td>Id. City Hotel</td> <td>ID City</td> <td>ID.</td> <td>83631</td> </tr> <tr> <td>Marian Ransom</td> <td>Hc 42 Box 5660</td> <td>Id City</td> <td>Id</td> <td>83631</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	President: Leonard Rick	200 Cottenwood	Id, City	Id.	83631	Secretary: Judy Lancing	P.O. Box 172	Id. City	Id.	83631	Directors: Ed. Gray	P.O. Box 403	Id. City	Id.	83631	Lois Wade	P.O. Box 468	Id. City	Id.	83631	Joe weiss	Hc 42 Box 5310	Id. City	Id.	83631	Jacquelyn Crowell	Hc 42 Box 5331	Id. City	Id.	83631	Pat Campbell	Id. City Hotel	ID City	ID.	83631	Marian Ransom	Hc 42 Box 5660	Id City	Id	83631				
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5. Nature of Business Health Clinic	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>Marian Ransom</u> Date _____ Name (Typed or Printed) <u>MARIAN RANSOM</u> Title <u>TREASURER</u>																																																