

No. <b>C 89781</b>	<b>Annual Report Form 1996</b> Due No Later Than November 30,		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  <b>MCKEE'S INCORPORATED</b> <b>CHARLES L. MCKEE</b> <b>1115 MAIN STREET</b>  <b>LEWISTON ID 83501 1995</b>		<b>CHARLES L. MCKEE</b> <b>1115 MAIN STREET</b>  <b>LEWISTON ID 83501</b>  3. Organized Under the Laws of:  <b>ID C 89781</b>																								
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)  <table border="0"> <thead> <tr> <th>Office held</th> <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</td> <td>CHARLES MCKEE</td> <td>1115 MAIN ST</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>SECRETARY</td> <td>KIM MCKEE/WEERS</td> <td>P.O. Box 68</td> <td>CLATSOP</td> <td>WA</td> <td>99403</td> </tr> <tr> <td></td> <td></td> <td>1755 MONTEWAY RD</td> <td>MORGAN HILL</td> <td>CA</td> <td>95037</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	CHARLES MCKEE	1115 MAIN ST	LEWISTON	ID	83501	SECRETARY	KIM MCKEE/WEERS	P.O. Box 68	CLATSOP	WA	99403			1755 MONTEWAY RD	MORGAN HILL	CA	95037
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5. NATURE OF BUSINESS  <b>ORTHOTIC &amp; PROSTHETIC SERVICES</b>	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>Charles McKee</u> Date <u>7/15/96</u> Name (Printed) <u>CHARLES MCKEE</u> Title <u>PRESIDENT</u>																										

ISSUED: 07-06-1996

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