

No. 40737		INSTRUCTIONS ON REVERSE SIDE		ISSUED: 10-01-1994														
Return To Secretary of State Room 203, Statehouse Boise, ID 83720		Idaho Corporation Annual Report Form Due No Later Than November 1, 1994		2. Registered Agent and Office (NOT A P.O. BOX) JOHN M. OHMAN 510 D. ST. IDAHO FALLS ID 83405														
** FINAL NOTICE ** NO FEE REQUIRED		1. Mailing Address — Please Correct, If Not Correct HUMAN SERVICES, CENTER, INC. COX & OHMAN, CHARTERED P.O. BOX 51600 IDAHO FALLS ID 83402		3. Incorporated Under The Laws of ID NO: 40737														
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED																		
<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:</td><td colspan="5" rowspan="3"><i>please change address to Human Services Center Inc 762 Vassar Wy Id Falls, Id 83402</i></td></tr><tr><td>Secretary:</td></tr><tr><td>Directors:</td></tr></tbody></table>						Name	Street or P.O. Address	City	State	Zip	President:	<i>please change address to Human Services Center Inc 762 Vassar Wy Id Falls, Id 83402</i>					Secretary:	Directors:
Name	Street or P.O. Address	City	State	Zip														
President:	<i>please change address to Human Services Center Inc 762 Vassar Wy Id Falls, Id 83402</i>																	
Secretary:																		
Directors:																		
5. Nature of Business		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 <i>Alorie A. Sermon</i> Name (Typed or Printed)		Date <i>10/25/94</i> Title <i>President</i>														