

No. W 4644	Due no later than Sep 30, 2000 Annual Report Form	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable SCOTT COMMUNITY CARE, PLLC 507 OREGON ST DEARY, ID 83823	MELANIE J SCOTT 507 OREGON ST DEARY, ID 83823 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Melanie J Scott</td> <td>507 Oregon St.</td> <td>Deary</td> <td>ID</td> <td>83823</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Melanie J Scott	507 Oregon St.	Deary	ID	83823
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President	Melanie J Scott	507 Oregon St.	Deary	ID	83823									
5. Organized Under the Laws of: IDAHO W 4644	6. Signature <i>Melanie J Scott</i> Date <u>8-6-00</u> Name <small>(Typed or Printed)</small> <u>Melanie J. Scott</u> Title: <u>Prco / CEO</u> XXXX													

Issued 07/10/2000

Do Not Tape or Staple

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