

No. C104199	Annual Report Form 1998 <i>Due No Later Than November 30,</i>		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		MARK E LONG 45 EAST MAIN ST. ANTHONY ID 83445																								
	LONG HEALTH CENTER, INC. MARK E LONG 45 EAST MAIN		3. Organized Under the Laws of: ID C104199																								
	ST. ANTHONY ID 83445																										
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)																											
<table style="width: 100%; border: none;"> <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> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																		
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5. Signature of New Registered Agent		6. Signature Date <u>7-13-98</u> Name (Typed or Printed) <u>Mark E Long</u> Title <u>Vice Pres.</u>																									

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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