

August 16, 1996

Thomas Peterson
Aculink Health Care Accounts C112517
2312 N Cole Ste C
Boise ID 83704

RE: Aculink Health Care Accounts C112517

Greetings:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Block 5 on your annual report must be completed to show the nature of business of the corporation. ("Any Lawful" is not acceptable)

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,



Sheryl DeVries
Corporate Division

Enclosures: cited

No. C112517	Annual Report Form 1996 Due No Later Than November 30,		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	1. Mailing Address - Please Correct, If Not Correct ACULINK HEALTH CARE ACCOUNTS THOMAS P PETERSON 2312 NORTH COLE STE C BOISE ID 83704		THOMAS P PETERSON 2312 NORTH COLE STE C BOISE ID 83704
	* FIRST NOTICE *		3. Organized Under the Laws of: ID C112517

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	MARK HENZLER	1955 N. Linden Rd	Eagle	ID	83616
SECRETARY	LISA SMITH	8701 W. ATWATER	Orderville	ID	83714
DIRECTOR	THOMAS P. PETERSON	2312 N. Cole	Boise	ID	83704
DIRECTOR	ROGER OTTMAN	1100 River Heights Dr.	Meridian	ID	83642
DIRECTOR	FRED KLEIN	163 E. Mallard Dr.	Boise	ID	83706

5. NATURE OF BUSINESS ANY LAWFUL	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>[Signature]</u> Name (Typed or Printed) <u>THOMAS P. PETERSON</u>	Date <u>8/16/96</u> Title <u>Director</u>

ISSUED: 37-06-1996

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