

**STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF CORPORATIONS AND COMMERCIAL CODE**



RECEIVED
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NON-PROFIT CORPORATION ANNUAL REPORT

Utah Div. of Corp. & Comm. Code
and corrections within the month of their anniversary date. Failure to do so will result in suspension of the corporate charter.

<p>CORPORATE NAME, REGISTERED AGENT, REGISTERED OFFICE, CITY, STATE & ZIP CORPORATION # 122542 N/A D 09/26/86</p> <p>1. LIFE-LINE, INC. 2. ROBERT B. HANSEN 3. 838 18TH AVENUE 4. SALT LAKE CITY, UT 84103</p> <p align="center">THIS BOX MUST BE COMPLETED</p>	<p>MAKE ALL CORRECTIONS IN THIS COLUMN</p> <p>(Print New Agent Name) _____ (Signature) _____</p> <p>(New Registered Street Address Required) _____</p> <p>(New City) <u>UTAH</u> REGISTERED AGENT MUST BE IN UTAH (ZIP) _____</p>
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5. INCORPORATED IN THE STATE AND UNDER THE LAWS OF: **UTAH**

6. ADDRESS OF THE PRINCIPAL OFFICE IN THE HOME STATE.
462 BEARCAT DR (Street Address) _____ (City) _____
SALT LAKE CITY, UT 84115 (State or Country) _____ (ZIP) _____

<p>OFFICERS</p> <p>7. PRESIDENT ADDRESS CITY, STATE & ZIP</p> <p>8. VICE PRESIDENT ADDRESS CITY, STATE & ZIP</p> <p>9. SECRETARY ADDRESS CITY, STATE & ZIP</p> <p>10. TREASURER JOHN NETTO ADDRESS 8585 TAOS CIRCLE CITY, STATE & ZIP SANDY, UTAH 84093</p>	<p>(Optional officers may be listed in space provided below.)</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. <u>Steve Gunn</u> <u>4515 S. 2995 E.</u> <u>Salt Lake City, Utah 84117</u></p>
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<p>GOVERNING BOARD OF TRUSTEES</p> <p>11. NAME JOHN NETTO ADDRESS 8585 TAOS CR CITY, STATE & ZIP SANDY UT 84093</p> <p>12. NAME DAVID OSTLER ADDRESS 2666 HILLSDEN DR CITY, STATE & ZIP SALT LAKE CITY, UT 84117</p> <p>13. NAME ROBERT B HANSEN ADDRESS 838 18TH AVE CITY, STATE & ZIP SALT LAKE CITY, UT 84103</p>	<p>(Minimum of three must be listed in space provided below.)</p> <p>11. <u>Steve Gunn</u> <u>4515 S. 2995 E.</u> <u>Salt Lake City, Utah 84117</u></p> <p>12. _____</p> <p>13. _____</p>
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(Additional Officers or Governing Board of Trustees may be listed on the back of this form)

Under penalties of perjury and as an authorized officer, I declare that this annual report and, if applicable, the statement change of registered office and/or agent, has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete.

14. BY [Signature] (Signature of Authorized Corporate Officer or Trustee)
15. Program Director (Title or Position) **VS**
16. 7/24/93 (Date) 19 93

IF THERE ARE NO CHANGES FROM THE PREVIOUS YEAR, PLEASE DETACH THE COUPON BELOW AND RETURN IT IN THE ENCLOSED ENVELOPE WITH YOUR PAYMENT. YOU MAY KEEP THE ABOVE REPORT FOR YOUR RECORDS.