



STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

Arizona Corporation Commission



DUE ON OR BEFORE 01/13/2002

FY01-02

FILING FEE \$10.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

RECEIVED

JAN 02 2002

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

1. -0060694-4
BEATITUDES CAMPUS OF CARE
1616 W GLENDALE AVE
PHOENIX, AZ 85021

Business Phone: (602)995-2611 (Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

2. Arizona Statutory Agent: DAVID G DAVIES
Street Address: 4350 E CAMELBACK RD
PHOENIX, AZ 85018
City, State, Zip:

Use this box only if appointing a new Statutory Agent

If appointing a new statutory agent, the new agent **MUST** consent to that appointment by signing below:

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

3. Secondary Address:
(Foreign Corporations are **REQUIRED** to complete this section.)

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- | | |
|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other |

NON-PROFIT CORPORATIONS

- | |
|---|
| <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Science/Research |
| <input checked="" type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Professional, commercial industrial or trade association |
| <input type="checkbox"/> 17. Other |

5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. N/A

Number of Shares/Certificates Authorized _____ Class _____ Series Within Class (if any) _____

Number of Shares/Certificates Issued _____ Class _____ Series Within Class (if any) _____

6. SHAREHOLDERS: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. **Please Type or Print Clearly.**

N/A

Name: _____ Name: _____

NONE ☐

Name: _____ Name: _____

7. OFFICERS **Please Type or Print Clearly.**

Name: see attached

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

8. DIRECTORS **Please Type or Print Clearly.**

Name: see attached

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____



THE BEATITUDES CAMPUS OF CARE

BOARD OF DIRECTORS

2001-2002

OFFICERS

LEE HOFMANN

CHAIRMAN

PAM PILLER

CHAIRMAN ELECT

MEMBERS

DR. WILLIAM ARNOLD
(DOO: 9/99)

GERONTOLOGY PROGRAM
ARIZONA STATE UNIVERSITY
TEMPE, AZ 85087-2902
Email: william.arnold@asu.edu

(B) 480-965-3225
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RONALD BAARD
(DOO: 9/01)

3303 N. 52ND PLACE
PHOENIX, AZ 85018
Email: ron.marg@home.com

(B) 602-943-4034
(H) 602-956-8022
(F) 602-943-4034

SHARI BURKHOLDER
(DOO: 9/00)

341 E. WAGON WHEEL DRIVE
PHOENIX, AZ 85020
Email: vburkho@aol.com

(B) 602-364-7884
(H) 602-997-4436

DAVID DAVIES
(DOO: 9/97)

DAVID G. DAVIES, LTD.
5110 N. 40TH STREET, #236
PHOENIX, AZ 85018

(B) 602-956-1521
(H) 480-922-6939
(F) 602-956-1765

CHARLES DITSCH
IMMEDIATE PAST CHAIR
(DOO: 9/97)

250 E. SIERRA VISTA
PHOENIX, AZ 85012
Email: c.ditsch@worldnet.att.net

(B) 602-265-7106
(F) 602-230-8497

RONALD EWING
(DOO: 9/97)

1636 E. CACTUS WREN DRIVE
PHOENIX, AZ 85020
Email: ronewing@qwest.net

(B) 602-957-8366
(H) 602-331-0421
(F) 602-957-4740

BETTY-SUE GAGE
(DOO: 9/97)

7319 N. 33RD AVENUE
PHOENIX, AZ 85051
Email: gagefam@mindspring.com

(H) 602-973-1886

**BEATITUDES CAMPUS OF CARE
BOARD ROSTER 2001-2002**

SHEILA GERRY (DOO: 9/00)	JOHN C. LINCOLN HEALTH NETWORK 9108 N. 3 RD STREET PHOENIX, AZ 85020 <i>Email: sgerry@jcl.com</i>	(B) 602-870-6304 (H) 602-788-0023 (F) 602-944-8062
DEAN GLASCO (DOO: 9/00)	1504 E. VILLA MARIA DRIVE PHOENIX, AZ 85022-1275 <i>Email: DeanGlasco@msn.com</i>	(H) 602-788-8800 (F) 602-788-8383
LEE HOFMANN CHAIRMAN (DOO: 9/00)	HOFMANN, SALCITO & STEVENS 7601 N. CENTRAL, #32 PHOENIX, AZ 85020 <i>Email: hsslaw@aol.com</i>	(B) 602-254-5341 (H) 602-870-9687 (F) 602-258-6192
BEVERLY JUDIE (DOO: 9/99)	1052 SAN JOSE, No. 3 MESA, AZ 85202 <i>Email: judieb@hs.state.az.us</i>	(B) 602-542-7503 (H) 480-969-3696 (F) 602-542-7516
MARCIA LEE SECRETARY (DOO: 9/97)	1417 E. MARSHALL AVENUE PHOENIX, AZ 85014 <i>Email: warmaraz@aol.com</i>	(H) 602-266-3320
JACK MARKS (DOO: 9/01)	1638 PALMCROFT WAY, S.W. PHOENIX, AZ 85007 <i>Email: jmarks@bgclubs-phx.org</i>	(B) 602-954-8182 EXT. 252 (H) 602-253-6859
DR. GLENN MOE (DOO: 9/00)	8239 W. HATFIELD ROAD PEORIA, AZ 85382 <i>Email: gdmoe@yahoo.com</i>	(B) 602-995-2225 (H) 623-825-2653
MARY ANN O'NEIL (DOO: 9/01)	330 W. SOLANO DRIVE PHOENIX, AZ 85013 <i>Email: murfbud@prodigy.net</i>	(B) 602-696-5413 (H) 602-264-4072
PAM PILLER (DOO: 9/99)	1402 W. PORT-AU-PRINCE LANE PHOENIX, AZ 85023 <i>Email: pillerspost@yahoo.com</i>	(H) 602-863-9855
BILL SCHAFER (DOO: 9/01)	6018 N. 38TH PLACE PARADISE VALLEY, AZ 85253-3811 <i>Email: boppananny@aol.com</i>	(H) 602-957-1641
LUPE SOLIS (DOO: 9/99)	ARP STATE OFFICE 302 N. 1 ST AVENUE, STE. 410 PHOENIX, AZ 85003 <i>Email: lsolis@arp.org</i>	(B) 602-262-5163 (H) 480-839-3604 (F) 602-256-2928

**BEATITUDES CAMPUS OF CARE
BOARD ROSTER 2001-2002**

EX-OFFICIO

DEAN CANNON
PRESIDENT, RESIDENT COUNCIL
(DOO: 9/01)

1694 W. GLENDALE AVENUE
APT. 565
PHOENIX, AZ 85021

(H) 602-864-6283

RITA DICKINSON
CONGREGATION PRESIDENT
(DOO: 9/97)

2002 E. RANCHO DRIVE
PHOENIX, AZ 85016
Email: rhd@sprintmail.com

(B) 602-347-2315
(H) 602-955-2772
(C) 602-616-4032

MARYLENE LEE
AUXILIARY PRESIDENT
(DOO: 9/01)

1694 W. GLENDALE AVENUE
APT. 454
PHOENIX, AZ 85021

(H) 602-995-0436
(C) 602-622-9613

PEGGY MULLAN
PRESIDENT AND CEO
(DOO: 6/89)

BEATITUDES CAMPUS OF CARE
1610 W. GLENDALE AVENUE
PHOENIX, AZ 85021
Email: pmullan@beatitudescampus.org

(B) 602-995-2611
EXT. 106
(F) 602-995-4854

REV. STEVE STERNER
SENIOR PASTOR
(DOO: 9/97)

CHURCH OF THE BEATITUDES
555 W. GLENDALE AVENUE
PHOENIX, AZ 85021
Email: beatitudeschurch@qwest.net

(B) 602-264-1221
(F) 602-222-9330

SCOTT WYNN
CHIEF OPERATIONS OFFICER
(DOO: 5/01)

BEATITUDES CAMPUS OF CARE
1610 W. GLENDALE AVENUE
PHOENIX, AZ 85021
Email: swynn@beatitudescampus.org

(B) 602-995-2611
EXT. 210
(F) 602-995-4854

BEATITUDES CAMPUS OF CARE
(DETAIL INCOME STATEMENT NOVEMBER 2001)
(UNAUDITED FIGURES)

	2ND MONTH	YTD ACTUAL	YTD BUDGET	VARIANCE	Favorable or Unfavorable to Budget
APARTMENT REVENUE	293,099	576,441	554,157	22,284	F
ASSISTED LIVING REVENUE	139,523	277,213	282,486	(5,273)	U
HEALTHCARE REVENUE					
Health Center - Medicare	35,776	83,842	123,516	(39,674)	U
Health Center - Non Medicare	700,751	1,424,031	1,436,313	(12,282)	U
Total Healthcare Revenue	736,527	1,507,873	1,559,829	(51,956)	U
ANCILLARY REVENUE	126,421	285,179	342,078	(56,899)	U
CONTRACTUAL ALLOWANCES	(153,717)	(355,534)	(446,390)	90,856	F
NET RESIDENT REVENUE	<u>1,141,853</u>	<u>2,291,172</u>	<u>2,292,160</u>	<u>(988)</u>	U
OTHER REVENUE					
General Billing	7,767	15,482	-	15,482	F
Food Service	26,356	52,569	44,212	8,357	F
Foundation Contributions	11,700	23,400	23,400	-	
Interest Income	1,625	3,706	6,826	(3,120)	U
Beauty Shop	13,312	26,985	29,494	(2,509)	U
Senior Synergy	580	985	2,750	(1,765)	U
Other Revenue	23,811	42,980	50,412	(7,432)	U
Total Other Revenue	85,151	166,107	157,094	9,013	F
TOTAL REVENUE	<u>1,227,004</u>	<u>2,457,279</u>	<u>2,449,254</u>	<u>8,025</u>	F
SALARIES & WAGES					
Payroll - Reg	502,799	1,048,567	1,055,600	(7,033)	F
Payroll - OT	57,629	105,973	72,022	33,951	U
Payroll - Pastoral Care	6,403	11,692	11,548	144	U
Total Payroll	566,831	1,166,232	1,139,170	27,062	U
EMPLOYEE BENEFITS	188,341	350,326	292,626	57,700	U
% of Salaries	33.2%	30.0%	25.7%	7.5%	
PURCHASE SERVICES					
Contract Labor - Therapy	-	269	494	(225)	F
Purch Svcs - Registry	16,669	51,327	125,834	(74,507)	F
Purch Svcs - Other	26,181	53,808	51,011	2,797	U
Total Purchase Services	42,850	105,404	177,339	(71,935)	F

BEATITUDES CAMPUS OF CARE
(DETAIL INCOME STATEMENT NOVEMBER 2001)
(UNAUDITED FIGURES)

	2ND MONTH	YTD ACTUAL	YTD BUDGET	VARIANCE	Favorable or Unfavorable to Budget
SUPPLIES					
Raw Food/Production	78,578	148,508	140,305	8,203	U
Office & General Sup	14,683	29,816	41,086	(11,270)	F
Medical Supplies	26,595	51,253	36,594	14,659	U
Total Supplies	119,856	229,577	217,985	11,592	U
OTHER EXPENSES					
Recruitment/Retention/Train	16,537	23,938	23,751	187	U
Prof Fees - Rehab Therapy	3,059	6,286	5,078	1,208	U
Prof Fees - Medical Consulting	4,325	9,095	14,808	(5,713)	F
Prof Fees - Sodexo	22,710	46,757	53,774	(7,017)	F
Prof Fees - Ancillary	20,055	48,922	44,565	4,357	U
Maintenance/Plant Ops	46,904	97,758	101,899	(4,141)	F
Utilities	60,572	116,344	119,225	(2,881)	F
Insurance	26,561	50,926	47,166	3,760	U
Interest	30,716	59,885	72,082	(12,197)	F
Bad Debt & Charity	8,000	15,600	13,890	1,910	U
Audit & Legal	2,405	4,405	1,000	3,405	U
Other Expenses	19,609	31,151	47,334	(16,183)	F
Total Other Expenses	261,453	511,067	544,372	(33,305)	F
TOTAL EXPENSES	1,179,331	2,362,606	2,371,492	(8,886)	F
NET INCOME	47,673	94,673	77,762	16,911	F
CONTRIBUTIONS	55,116	83,128	24,022	59,106	F
DEPRECIATION & AMORTIZATION	(66,408)	(129,569)	(128,058)	(1,511)	U
INCOME WITH CONTRIBUTIONS					
LESS DEPRECIATION & AMORTIZATION	36,381	48,232	(26,274)	74,506	F

GENERAL BILLING Includes: Housekeeping, Maintenance, Laundry Machines,
Personal Laundry, Carport

OTHER REVENUE Includes: Entrance Fees, CSO Participation Fee, Guest Apartment Rental
Rental Property, Misc. Revenue, Interest Income, Facility Usage Charge

OTHER EXPENSES Includes: Public Service, OWP&P Expenses, Strawberry Festival, Landlord
Expenses, Center DOAR Contribution, Age Link Contribution, Masterpay Fee
AOD software support, Senior Synergy Expense, Bank fees and Facility Usage Adjustments

PURCHASE SRVCS - OTHER Includes: Beauty Shop Expense, Department Temporary Staffing

BEATITUDES CAMPUS OF CARE
BALANCE SHEET
NOVEMBER 2001

	UNAUDITED 11/30/2001	UNAUDITED 9/30/2001	VARIATION
ASSETS			
Current Assets			
Cash	629,432	631,242	(1,810)
Accounts & Notes Receivable (Net)	624,771	718,342	(93,571)
Inventory (At Cost)	72,394	72,394	0
Prepaid Expenses & Other	145,653	159,491	(13,838)
Total Current Assets	<u>1,472,250</u>	<u>1,581,469</u>	<u>(109,219)</u>
Assets Whose Use Is Limited			
Resident's Security Deposits	186,197	188,181	(1,984)
Property & Equipment (Net)	9,513,193	9,321,790	191,403
TOTAL ASSETS	<u><u>11,171,640</u></u>	<u><u>11,091,440</u></u>	<u><u>80,200</u></u>
LIABILITIES AND FUND BALANCES			
Current Liabilities			
Accounts Payable & Accrued Liabilities	623,107	396,080	227,027
Salaries and Benefits Payable	756,731	918,790	(162,059)
Current Portion of Long Term Debt	340,641	333,593	7,048
Other Current Liabilities	23,521	18,420	5,101
Total Current Liabilities	<u>1,744,000</u>	<u>1,666,883</u>	<u>77,117</u>
Residents' Security Deposits & Entrance Fees	228,368	232,015	(3,647)
Deferred Annuities Payable	0	0	0
Long Term Debt Payable (Less Current Portion)	4,045,016	4,086,520	(41,504)
Total Liabilities	<u>6,017,384</u>	<u>5,985,418</u>	<u>31,966</u>
Fund Balance			
General	5,027,725	4,979,491	48,234
Restricted Contributions	126,531	126,531	0
Total Fund Balance	<u>5,154,256</u>	<u>5,106,022</u>	<u>48,234</u>
TOTAL LIABILITIES AND FUND BALANCE	<u><u>11,171,640</u></u>	<u><u>11,091,440</u></u>	<u><u>80,200</u></u>

BEATITUDES CAMPUS OF CARE
CASH FLOW STATEMENT
NOVEMBER 2001

	<u>1ST MONTH</u>	<u>YEAR TO DATE</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Revenue Over Expenses (Including Contributions)	36,382	48,234
Add: Depreciation	65,125	127,002
Gain (Loss) on Sale of Assets	0	0
Cash from Operations	<u>101,507</u>	<u>175,236</u>
Changes In Assets		
Accounts Receivable (Net)	17,988	93,571
Inventory	0	0
Prepaid Expenses and Other	(41,523)	13,838
Resident's Security Deposits	1,534	1,984
Changes In Liabilities		
Accounts Payable and Accrued Liabilities	253,020	227,027
Salaries and Benefits Payable	(214,676)	(162,059)
Other Current Liabilities	6,701	5,101
Current Portion of Long Term Debt	0	7,048
Residents' Security Deposits and Entrance Fees	(1,613)	(3,647)
Deferred Annuities Payable	<u>0</u>	<u>0</u>
Net Cash From Operating Activities	122,938	358,099
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of Property and Equipment	(290,364)	(318,405)
Proceeds From Sale of Property and Equipment	0	0
Purchases of Investments	0	0
Net Cash From Investing Activities	<u>(290,364)</u>	<u>(318,405)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds From Notes Payable (Less current portion)	0	0
Repayment of Notes Payable	(27,800)	(41,504)
Board Designated Contributions (Less disbursements)	0	0
Net Cash From Financing Activities	<u>(27,800)</u>	<u>(41,504)</u>
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	<u>(195,226)</u>	<u>(1,810)</u>
CASH AND CASH EQUIVALENTS (Beginning)	824,658	631,242
CASH AND CASH EQUIVALENTS (Ending)	629,432	629,432
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	<u>(195,226)</u>	<u>(1,810)</u>

Please Enter Corporation Name: _____

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)

Nonprofit corporations **must attach** a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only.

This corporation **does** ☐ **does not** ☒ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:
[Underlined portion pertains to profit corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
 - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
 - (b) the consumer fraud laws of that jurisdiction, or
 - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box **must** be marked: **YES** ☐ **NO** ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

11. STATEMENT OF BANKRUPTCY (A.R.S. §§10-202.D.2 & 10-3202.02)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to profit corporations only]

One box **must** be marked: **YES** ☐ **NO** ☒

Chapter _____ Date Filed _____ Case Number _____

If "YES", the following information **must be submitted** as an attachment to this report for each person subject to the statement above.

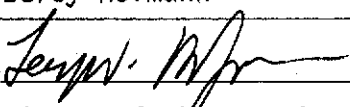
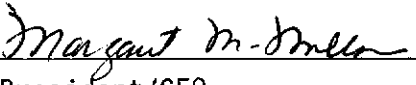
- 1) The names and addresses of each corporation and the person or persons involved. 2) The state in which each corporation was incorporated b) transacted business. 3) The dates of corporate operation.

12. SIGNATURES

CAUTION: Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures will be rejected.

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name	Leroy Hofmann	Date		Name	Margaret M. Mullan	Date	12/28/01
Signature		Signature					
Title	Chairman of the Board	Title	President/CEO				

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)