


No. W 1291	Annual Report Form <i>Due No Later Than November 30,</i> 1999		2. Registered Agent and Office NOT A P.O. BOX MARK M SACCOMAN 219 S LINCOLN JEROME ID 83338
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 JEROME CHIROPRACTIC CLINIC, MARK M SACCOMAN 219 S LINCOLN JEROME ID 83338		3. Organized Under the Laws of: ID W 1291
** FINAL NOTICE **			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
President	Mark M. Saccoman, D.C.	219 S. Lincoln	Jerome ID 83338
5. <u>New</u> Registered Agent Signature		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature <u></u> Name (Typed or Printed) <u>Mark M. Saccoman, D.C.</u> </div> <div> Date <u>10/12/99</u> Title <u>President</u> </div> </div>	

ISSUED: 10-02-1999

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