

No. W 1291	Annual Report Form Due No Later Than November 30, 1996		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		3. Organized Under the Laws of: ID W 1291
* FIRST NOTICE * JEROME ID 83338			
4. Corporations: Enter Names and 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	219 South Lincoln	Jerome ID 83338
Secretary	Mark M. Saccoman	219 South Lincoln	Jerome ID 83338
5. SIGNATURE OF CURRENT RA 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>Mark M. Saccoman</u> Date <u>7/12/96</u> Name (Typed or Printed) <u>Mark M. Saccoman D.C.</u> Title <u>President</u>	

ISSUED: 07-08-1996

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