

INSTRUCTIONS ON REVERSE SIDE

Idaho Corporation Annual Report Form

Due No Later Than November 305

1. Mailing Address -- Please Correct if Not Correct

ACCLAIM, INC.

SUSAN ERICKSON

PO BOX 2923

HAYDEN

ID 83835

2. Registered Agent and Office NOT A P.O. BOX

SUSAN ERICKSON

7408 RUDE ST

COEUR D'ALENE

ID 83835

3. Incorporated Under The Laws of

ID

NO: 103841

103841

No.

Return To

Secretary of State

700 W Jefferson

P.O. Box 83720

Boise, ID 83720-0080

* FIRST NOTICE *

NO FEE REQUIRED

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	Susan Erickson	P.O. Box 67	Hayden	ID	83835
Secretary:	Kerry Erickson	" " "	"	"	"
Directors:					

5. Nature of Business

Medical Billing

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

Name

(Typed or
Printed)

Date

Title

Kerry Erickson
Kerry Erickson9/3/95
Sec.