


<b>No. W 1291</b>	<b>Due no later than Jul 31, 2003</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office NO PO BOX</b>  MARK M SACCOMAN 219 S LINCOLN  JEROME, ID 83338
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box if applicable:</b> JEROME CHIROPRACTIC CLINIC, P.L.L.C MARK M SACCOMAN 219 S LINCOLN  JEROME, ID 83338		<b>3. New Registered Agent Signature</b>   

**4. Limited Liability Companies: Enter Names and Addresses of Members.**

Office held	Name	Street or P.O. Address	City	State	Zip
President	Mark M. Saccoman	219 S. Lincoln	Jerome	Id	83338
Secretary	Katherine Pulsipher	1285 S. Lincoln #30	Jerome	Id	83338

<b>5. Organized Under the Laws of:</b>  IDAHO W 1291	<b>6.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Signature             Name (Typed or Printed) <u>Mark M. Saccoman</u> </div> <div style="width: 35%;">           Date <u>7-23-03</u>            Title <u>President</u> </div> </div>
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