

No. C 120503	Due no later than Aug 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX MARLENE K SAUNDERS HESS 1117 MAIN AVE STE 4 ST. MARIES, ID 83861																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ST. MARIES CHIROPRACTIC, P.A. MARLENE K SAUNDERS HESS 1117 MAIN AVE STE 4 ST. MARIES, ID 83861		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Jim Hess</td> <td>330 S. 4th St.</td> <td>St. maries</td> <td>ID</td> <td>83861</td> </tr> <tr> <td>Sec/Treas.</td> <td>Marlene Saunders</td> <td>1117 main St.</td> <td>St. maries</td> <td>ID</td> <td>83861</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Jim Hess	330 S. 4 th St.	St. maries	ID	83861	Sec/Treas.	Marlene Saunders	1117 main St.	St. maries	ID	83861
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5. Organized Under the Laws of: IDAHO C 120503	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature <u>Marlene K Saunders</u></td> <td style="width: 40%;">Date <u>6-22-01</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Marlene K. Saunders</u></td> <td>Title <u>Chiropractor</u></td> </tr> </table>			Signature <u>Marlene K Saunders</u>	Date <u>6-22-01</u>	Name <small>(Typed or Printed)</small> <u>Marlene K. Saunders</u>	Title <u>Chiropractor</u>														
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