No. C108659

Annual Report Form 1999

Due No Later Than November 30,

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

BLUE LAKE CHIROPRACTIC P.A.

4102 CANYON RIDGE DR N

TWIN FALLS ID 83301

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

CHARLES L PORTER DC
4102 CANYON RIDGE DR N

TWIN FALLS ID 83301

3. Organized Under the Laws of:

ID C108659

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ❑ **Managers** or ❑ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Pres.:	Geoffroi A. Golay,D.C.	153 Blue Lakes Blvd N.,	Twin Falls,	ID	88301
Sec.:	Michael D. Porter,D.C.	638 W. Duarte Rd, Suite 16,	Arcadia,	CA	91007
Direc:	Ludwig C. Landwehr,D.C.	153 Blue Lakes Blvd N,	Twin Falls,	ID	83301

5. Signature of New Registered Agent

6. Signature Geoffroi A. Golay, D.C. Date 7/14/1999

Name (Typed/Printed) Geoffroi A. Golay,D.C. Title President

ISSUED: 07-03-1999

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