

No. C111212	<b>Annual Report Form</b> 1998 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>					
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  WILLIAMS CHIROPRACTIC PAIN P SPENCER WILLIAMS 340 FALLS AVE  TWIN FALLS ID 83301		SPENCER WILLIAMS 340 FALLS AVE  TWIN FALLS ID 83301  3. Organized Under the Laws of  ID C111212					
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)								
5. Signature of New Registered Agent	6. <table border="0"> <tr> <td data-bbox="569 691 1123 776">Signature <i>Spencer G. Williams</i></td> <td data-bbox="1123 691 1498 776">Date <i>7-14-98</i></td> </tr> <tr> <td data-bbox="569 776 1123 843">Name (Typed or Printed) <i>Spencer G. Williams</i></td> <td data-bbox="1123 776 1498 843">Title <i>President</i></td> </tr> </table>				Signature <i>Spencer G. Williams</i>	Date <i>7-14-98</i>	Name (Typed or Printed) <i>Spencer G. Williams</i>	Title <i>President</i>
Signature <i>Spencer G. Williams</i>	Date <i>7-14-98</i>							
Name (Typed or Printed) <i>Spencer G. Williams</i>	Title <i>President</i>							

ISSUED: 07-03-1998

↓ DO NOT TAPE OR STAPLE ↓

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