

J 1303  
No.

Due no later than June 30, 2006

Annual Report Form

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

FALLS CENTRE FOR FUNCTIONAL MEDICIN  
488 BLUE LAKES BLVD N #104  
TWIN FALLS, ID 83301

2. Registered Agent and Office **NO PO BOX**

LAURENCE V HICKS JR  
488 BLUE LAKES BLVD N #104  
TWIN FALLS, ID 83301

3. New Registered Agent Signature

4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.

Office held

Name

Street or P.O. Address

City

State

Zip



Laurence Hicks, Sr.  
Ste 104  
488 Blue Lakes Blvd N  
Twin Falls, ID 83301-4881



Laurence Hicks, Jr.  
Ste 104  
488 Blue Lakes Blvd N  
Twin Falls, ID 83301-4881



Geoffrey Hicks  
Ste 104  
488 Blue Lakes Blvd N  
Twin Falls, ID 83301-4881

5. Organized Under the Laws of:

IDAHO  
J 1303

6.

Signature

Name (Typed or  
Printed)

*Hicks*  
Laurence V. Hicks, Jr.

Date

4/10/04

Title PARTNER

200606002788