

No. C105556	Annual Report Form Due No Later Than November 30, 1997	2. Registered Agent and Office NOT A P.O. BOX MARYANNA YOUNG AND ANN 511 W. MAIN ST. BOISE ID 83702
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct IDAHO WOMENS HEALTH AND FITN 511 W. MAIN ST. BOISE ID 83702 1594	3. Organized Under the Laws of: ID C105556
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)		
<u>Office held</u> President V.P. Sec./Treasurer	<u>Name</u> Marian Pritchett Judy Fuller Bob Walker	<u>Street or P.O. Address</u> 3635 Kingswood 520 E. Gentlewind 2910 1/2 Grover St.
		<u>City</u> Boise Boise Boise
		<u>State</u> ID ID. ID.
		<u>Zip</u> 83702 83706 83705
5.	6. Signature <u><i>Marian Pritchett</i></u> Name (Typed or Printed) <u>MARIAN PRITCHETT</u> Date _____ Title <u>PRESIDENT</u>	

ISSUED: 10-04-1997



DO NOT TAPE OR STAPLE



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