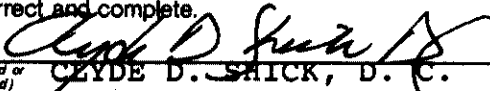
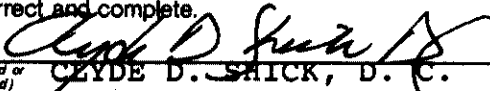
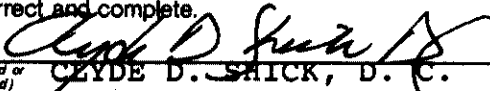


No. R3562	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																																				
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991		C. C. WILCHER, D.C., D.P.M. 20X-43																																				
	1 Mailing Address: <i>Please Correct If Not Correct</i>		5333 Franklin/Suite B																																				
	NATIONAL BOARD OF HOMEOPATH C. C. WILCHER, D.C. 5333 FRANKLIN RD. SUITE B BOISE ID 83706		83705 BOISE, ID. ID--23242 3. Incorporated Under The Laws of ID NO: 063562																																				
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>CLYDE D. SHICK, D.C.,</td> <td>18 W. State,</td> <td>P. O.Box 68,</td> <td>Albion,</td> <td>Pa. 16401-0068</td> </tr> <tr> <td>Secretary:</td> <td>LISA PARKER,</td> <td>2647 W. Highway 50,</td> <td>Ocoee,</td> <td>Florida</td> <td>34761</td> </tr> <tr> <td>Directors:</td> <td>DONALD MAYFIELD,</td> <td>L. Ac. ,</td> <td>5021 S. Highway 17-92,</td> <td>Casselberry,</td> <td>Fl. 32707</td> </tr> <tr> <td></td> <td>RAE F. KELLY,</td> <td>D. C.,</td> <td>1344 S. Decatur Blvd.,</td> <td>Las Vegas,</td> <td>Nevada 89102</td> </tr> <tr> <td></td> <td>EDWIN FLOYD,</td> <td>D. C.,</td> <td>11423 Crenshaw Blvd.,</td> <td>Inglewood,</td> <td>Ca. 90303</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President:	CLYDE D. SHICK, D.C.,	18 W. State,	P. O.Box 68,	Albion,	Pa. 16401-0068	Secretary:	LISA PARKER,	2647 W. Highway 50,	Ocoee,	Florida	34761	Directors:	DONALD MAYFIELD,	L. Ac. ,	5021 S. Highway 17-92,	Casselberry,	Fl. 32707		RAE F. KELLY,	D. C.,	1344 S. Decatur Blvd.,	Las Vegas,	Nevada 89102		EDWIN FLOYD,	D. C.,	11423 Crenshaw Blvd.,	Inglewood,	Ca. 90303
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5. Nature of Business To certify and accredit Homeopathic educational standards.	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>July 15, 1991</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>CLYDE D. SHICK, D. C.</td> <td>Title</td> <td>President</td> </tr> </table>			Signature		Date	July 15, 1991	Name (Typed or Printed)	CLYDE D. SHICK, D. C.	Title	President																												
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