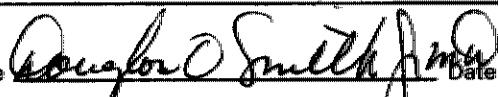


No. C 52538	Annual Report Form 1999 <i>Due No Later Than November 30.</i>		2. Registered Agent and Office NOT A P.O. BOX																																																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct WALKER CENTER FOR ALCOHOLISM 1120 A. MONTANA ST. GOODING ID 83330		VAYLE MAULON 1120A MONTANA ST. Douglas O. Smith, M.D. GOODING ID 83330																																																		
	3. Organized Under the Laws of: ID C 52538																																																				
	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)																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Office held</th> <th style="width: 15%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Bud Starr</td> <td>972 Bitterroot Pl</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>V. President</td> <td>Phil Becker</td> <td>P.O. Box 456</td> <td>Gooding</td> <td>ID</td> <td>83330</td> </tr> <tr> <td rowspan="6">Sec./Treas.</td> <td>Douglas O. Smith</td> <td>1120A Montana St.</td> <td>Gooding</td> <td>ID</td> <td>83330</td> </tr> <tr> <td>Archie Walker</td> <td>P.O. Box 69</td> <td>Bliss</td> <td>ID</td> <td>83314</td> </tr> <tr> <td>Sam Yost</td> <td>780 Bolton St.</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Earl Reed</td> <td>P.O. Box 472</td> <td>Buhl</td> <td>ID</td> <td>83316</td> </tr> <tr> <td>Lee DeVore</td> <td>356 3rd Ave. E.</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Kurt Seppi, MD</td> <td>630 Addison Ave. W., #100</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Bud Starr	972 Bitterroot Pl	Twin Falls	ID	83301	V. President	Phil Becker	P.O. Box 456	Gooding	ID	83330	Sec./Treas.	Douglas O. Smith	1120A Montana St.	Gooding	ID	83330	Archie Walker	P.O. Box 69	Bliss	ID	83314	Sam Yost	780 Bolton St.	Twin Falls	ID	83301	Earl Reed	P.O. Box 472	Buhl	ID	83316	Lee DeVore	356 3rd Ave. E.	Twin Falls	ID	83301	Kurt Seppi, MD	630 Addison Ave. W., #100	Twin Falls	ID	83301
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5. Signature of New Registered Agent 	6. Signature  Date <u>9/1/99</u> Name (Typed or Printed) <u>Douglas O. Smith, Jr.</u> MD Title <u>Program Director</u>																																																				

ISSUED: 07-03-1999

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