~~W 1291~~

No.

~~Due no later than July 31, 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
JEROME CHIROPRACTIC CLINIC, P.L.L.C
MARK M SACCOMAN
219 S LINCOLN
JEROME, ID 83338

2. Registered Agent and Office **NO PO BOX**
~~MARK M SACCOMAN~~
219 S LINCOLN
JEROME, ID 83338

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Mark Saccoman	P.O. Box 632.	Jerome	ID	83338
		213 South Lincoln	Jerome	ID	83338

5. Organized Under the Laws of:
IDAHO
W 1291

~~Issued 05/01/2006~~

6. Signature [signature] Date 5-18-06

Name (Typed or Printed) Mark M. Saccoman Title President

200607000505

Do Not Tape or Staple