

No. <b>W 1291</b>	<b>Due no later than Jul 31, 2001</b>															
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b> 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 <b>NO PO BOX</b> MARK M SACCOMAN 219 S LINCOLN JEROME, ID 83338  3. <u>New</u> Registered Agent Signature													
4. Limited Liability Companies: Enter Names and Addresses of Members.																
<table border="1"> <thead> <tr> <th data-bbox="338 404 491 429"><u>Office held</u></th> <th data-bbox="502 404 808 429"><u>Name</u></th> <th data-bbox="819 404 1277 440"><u>Street or P.O. Address</u></th> <th data-bbox="1288 419 1419 450"><u>City</u></th> <th data-bbox="1430 419 1583 450"><u>State</u></th> <th data-bbox="1594 429 1801 461"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="338 429 491 461">PRES.</td> <td data-bbox="502 429 808 461">MARK M. SACCOMAN</td> <td data-bbox="819 429 1277 481">219 SOUTH LINCOLN</td> <td data-bbox="1288 450 1419 492">JEROME</td> <td data-bbox="1430 450 1583 492">ID</td> <td data-bbox="1594 461 1801 512">83338</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRES.	MARK M. SACCOMAN	219 SOUTH LINCOLN	JEROME	ID	83338
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
PRES.	MARK M. SACCOMAN	219 SOUTH LINCOLN	JEROME	ID	83338											
5. Organized Under the Laws of:  IDAHO W 1291		6. Signature <i>Mark M Saccoman D.C.</i> Date <i>05-17-01</i> Name <small>(Typed or Printed)</small> <i>MARK M. SACCOMAN, D.C.</i> Title: <i>PRESIDENT</i>														

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Do Not Tape or Staple

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