

No. C 52538

Annual Report Form 1998

Due No Later Than November 30.

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 MAULDIN
1120A MONTANA ST.

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)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Sam Yost	P.O. Box 454	Twin Falls	ID	83303
V. Pres.	Earl Reed	P.O. Box 472	Buhl	ID	83316
Sec/Treas	Vayle Mauldin	1120A Montana St.	Gooding	ID	83330
	Archie Walker	P.O. Box 69	Bliss	ID	83314
	Douglas O. Smith, MD	1120A Montana St.	Gooding	ID	83330
	Bud Starr	972 Bitterroot Pl.	Twin Falls	ID	83301
	Phil Becker	P.O. Box 456	Gooding	ID	83330
	Lee DeVore	356 3rd Ave. E.	Twin Falls	ID	83301
	Kurt Seppi, MD	560 Shoup Ave. W.	Twin Falls	ID	83301

5. Signature of New Registered Agent

6.

Signature



Date

7/15-98

Name (Typed or Printed)

Vayle Mauldin

Title

Director

ISSUED: 07-03-1998

5387

↓ DO NOT TAPE OR STAPLE ↓