

No. 081808	Idaho Corporation Annual Report Form Due No Later Than November 1, 1988		2. Registered Agent and Office																										
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE JUL 14 AM 8 57	1. Mailing Address — Please Correct 081808		LEROY O. DEWITT, III 205 WEST ELLIS PAUL, IDAHO 83347																										
	THERAPY CENTER, INC. (THE) LEROY O. DEWITT, III PO BOX 787 PAUL, IDAHO 83347		3. Incorporated Under The Laws of JUL 10 1988 STATE OF IDAHO																										
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <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: LeRoy O. DeWitt III</td> <td>P. O. Box 787</td> <td>Paul</td> <td>Idaho</td> <td>83347</td> </tr> <tr> <td>Secretary: Myrna Halverson</td> <td>Route # 3</td> <td>Rupert</td> <td>Idaho</td> <td>83350</td> </tr> <tr> <td>Directors: LeRoy O. DeWitt III</td> <td colspan="4">Same as above</td> </tr> <tr> <td>Myrna Halverson</td> <td colspan="4"></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: LeRoy O. DeWitt III	P. O. Box 787	Paul	Idaho	83347	Secretary: Myrna Halverson	Route # 3	Rupert	Idaho	83350	Directors: LeRoy O. DeWitt III	Same as above				Myrna Halverson				
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5. Nature of Business Massage Therapy		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="0"> <tr> <td>Signature</td> <td><i>LeRoy O. DeWitt III</i></td> <td>Date</td> <td><i>7/14/88</i></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>LeRoy O. DeWitt III</td> <td>Title</td> <td><i>President</i></td> </tr> </table>			Signature	<i>LeRoy O. DeWitt III</i>	Date	<i>7/14/88</i>	Name (Typed or Printed)	LeRoy O. DeWitt III	Title	<i>President</i>																	
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