

No. 065432	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1987		2. Registered Agent and Office																									
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>	1. Mailing Address — Please Correct 065432		MELODY A. LENKNER 493 EASTLAND DRIVE TWIN FALLS, IDAHO 83301																									
	LENKNER, MICHENER & ASSOCIATES, MELODY A. LENKNER 493 EASTLAND TWIN FALLS, IDAHO 83301		3. Incorporated Under The Laws of  STATE OF IDAHO																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th></th> <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:</td> <td>MARY MICHENER</td> <td>RT. 1</td> <td>EDEN</td> <td>ID</td> <td>83325</td> </tr> <tr> <td>Secretary:</td> <td>MELODY LENKNER</td> <td>RT. 2 BOX 5249</td> <td>TWIN FALLS</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Directors:</td> <td colspan="5">SAME AS ABOVE</td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	MARY MICHENER	RT. 1	EDEN	ID	83325	Secretary:	MELODY LENKNER	RT. 2 BOX 5249	TWIN FALLS	ID	83301	Directors:	SAME AS ABOVE				
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Directors:	SAME AS ABOVE																											
5. Nature of Business  SPEECH PATHOLOGY		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="1"> <tr> <td>Signature</td> <td><i>Melody Lenkner</i></td> <td>Date</td> <td>6-30-87</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>MELODY LENKNER</td> <td>Title</td> <td>SECRETARY</td> </tr> </table>			Signature	<i>Melody Lenkner</i>	Date	6-30-87	Name (Typed or Printed)	MELODY LENKNER	Title	SECRETARY																
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