

| No. 83837 | Idaho Corporation Annual Report Form | | 2. Registered Agent and Office NOT A P.O. BOX | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|--------------|--|-------------|---|-----------------|--------------|-----------------|------------|-------------------|-----------|----------|-------|-------|------------|--------------------|-----------|----------|-------|-------|------------|--|--|--|--|--|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED | Due No Later Than November 1, 1993 | | HAROLD M. WILHELM 1132 BURRELL | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Mailing Address: EASTGATE CHIROPRACTIC CENTER, P HAROLD M. WILHELM 1132 BURRELL LEWISTON ID 83501 | | LEWISTON ID 83501 3. Incorporated Under The Laws of ID NO: 83837 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Harold M. Wilhelm</td> <td>823 Cedar</td> <td>Lewiston</td> <td>Idaho</td> <td>83501</td> </tr> <tr> <td>Secretary:</td> <td>Phyllis T. Wilhelm</td> <td>823 Cedar</td> <td>Lewiston</td> <td>Idaho</td> <td>83501</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | President: | Harold M. Wilhelm | 823 Cedar | Lewiston | Idaho | 83501 | Secretary: | Phyllis T. Wilhelm | 823 Cedar | Lewiston | Idaho | 83501 | Directors: | | | | | |
| | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | | | | | | | | | | | | | |
| President: | Harold M. Wilhelm | 823 Cedar | Lewiston | Idaho | 83501 | | | | | | | | | | | | | | | | | | | | | | | |
| Secretary: | Phyllis T. Wilhelm | 823 Cedar | Lewiston | Idaho | 83501 | | | | | | | | | | | | | | | | | | | | | | | |
| Directors: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Nature of Business Chiropractic Center | | 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 <i>Harold M. Wilhelm, D.C.</i></td> <td>Date</td> </tr> <tr> <td>Name (Typed or Printed) Harold M. Wilhelm, D.C.</td> <td>August 30, 1993</td> </tr> <tr> <td></td> <td>Title President</td> </tr> </table> | | | Signature <i>Harold M. Wilhelm, D.C.</i> | Date | Name (Typed or Printed) Harold M. Wilhelm, D.C. | August 30, 1993 | | Title President | | | | | | | | | | | | | | | | | | |
| Signature <i>Harold M. Wilhelm, D.C.</i> | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Typed or Printed) Harold M. Wilhelm, D.C. | August 30, 1993 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Title President | | | | | | | | | | | | | | | | | | | | | | | | | | | |