

No. C 83837	Annual Report Form 1999 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX HAROLD M. WILHELM 1132 BURRELL LEWISTON ID 83501	
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		3. Organized Under the Laws of: ID C 83837	
	EASTGATE CHIROPRACTIC CENTER HAROLD M. WILHELM 1132 BURRELL LEWISTON ID 83501			
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)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
President	Harold M. Wilhelm	823 Cedar	Lewiston	Ida. 83501
Secretary	Phyllis T. Wilhelm	823 Cedar	Lewiston	Ida 83501
5. Signature of New Registered Agent		6. Signature <u>Phyllis T. Wilhelm</u> Date <u>10/18/99</u> Name (Typed or Printed) <u>Phyllis T. Wilhelm</u> Title <u>Secretary</u>		

ISSUED: 07-03-1999

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