

No. W 4596	<b>Annual Report Form</b> <i>Due No Later Than November 30,</i> 1999	2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  COEUR D'ALENE HEALING ARTS, STE 120  1000 W HUBBARD STE 120 COEUR D'ALENE ID 83814	TODD SCHLAPFER 1000 W HUBBARD STE 120 COEUR D'ALENE ID 83814  3. Organized Under the Laws of:  ID W 4596

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
	Sole Proprietor/Todd Schlapfer, N.D./E. 1926 25th St. Spokane, Wa. 99203				

5. Signature of New Registered Agent	6. Signature <u>Todd Schlapfer, N.D.</u> Date <u>8-11-99</u> Name (Typed or Printed) <u>TODD SCHLAPFER</u> Title <u>N.D.</u>
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ISSUED: 07-03-1999

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