

NO. C 81308

Annual Report Form

1998

Due No Later Than November 30,

2. Registered Agent and Office NOT A P.O. BOX

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

THERAPY CENTER, INC. (THE)
MYRNA HALVERSON
PO BOX 787

PAUL

ID 83347

MYRNA HALVERSON
219 N. MAIN

PAUL

ID 8334

3. Organized Under the Laws of:

ID

C 81808

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 heldNameStreet or P.O. AddressCityStateZip

Pres. Myrna Halverson

P.O. Box 7870219 N. Mail, Paul, Idaho 83347

5. Signature of New Registered Agent

6.

Signature

Myrna Halverson Date *7-17-98*