

No. C 83837

Annual Report Form

1996

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

1. Mailing Address - Please Correct, If Not Correct

EASTGATE CHIROPRACTIC CENTER  
HAROLD M. WILHELM  
1132 BURRELL

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1132 BURRELL

LEWISTON ID 83501

NO FEE REQUIRED

3. Organized Under the Laws of:

\* FIRST NOTICE \*

LEWISTON ID 83501

ID C 83837

4. Corporations: Enter Names and 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
President	Harold M Wilhelm	823 Cedar	Lewiston	Ida	83501
Secretary	Phyllis Wilhelm	823 Cedar	Lewiston	Ida	83501

5. NATURE OF BUSINESS

CHIROPRACTIC CLINIC

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Phyllis Wilhelm Date 9/16/96

Name (Typed or Printed) Phyllis Wilhelm Title Secretary

ISSUED: 07-06-1996

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