	INSTRUCTIONS ON REVERSE SIDE	ISSUED: 10-	04-1990
No. 79267	Idaho Corporation Annual Report Form	2. Registered Agent and Office	
Return To Secretary of State Room 203, Statehouse Boise, ID 83720			
	1. Mailing Address — Please Correct		
	WEIGHT LOSS CLINIC INTERNAT ERNEST THESMAN	POISE	ID 83701
		3. Incorporated Under The Laws	
A STRAL MOTTES AA	1925 CENTURY PK E. STE 16	of CA	•
** FINAL NOTICE ** NO FEE REQUIRED	LOS ANGELES CA 90067	NO: 079267	
4. Names and Addresses of Office	ers and Directors		· · · · · · · · · · · · · · · · · · ·
	Name Street or P.O. Address	<u>City</u>	State Zip
Ernest	L. Theoman 1925 Contury PKE. #	1/hop Los Angeles	CA 9006
1 TOSIGOTILI	L. Thesman 1925 Contury PKE. #	1600	
Secretary:			
Directors:	•		
	•		
	1		
			-
5. Nature of Business	6. I certify that this Annual Report has been extrue, correct and complete.	examined by me and is to the b	pest of my knowledge
Weight Loss Consult	tine, correct and complete.	•	0.0-
Weight Loss Consulting	Signature Steven P. Marbason Name (Typed or Geofge P. Harbiso		
Charles			