

No. C 106517	Due no later than Jun 30, 2001 Annual Report Form	2. Registered Agent and Office NO PO BOX MARSHA J GEHL 826 BLUE LAKES BLVD N TWIN FALLS, ID 83301
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable GEHL CHIROPRACTIC, P.A. MARSHA J GEHL 826 BLUE LAKES BLVD N TWIN FALLS, ID 83301	3. <u>New</u> Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	MARSHA J. GEHL	826 BLUE LAKES BLVD N	TWIN FALLS	ID	83301
SECRETARY	RUTH THOMPSON	PO BOX 145	TWIN FALLS	ID	83301
DIRECTOR	JASON CHRISTENSEN	4130 HAWKWOOD AVE SE	TW FALLS	ID	83301

5. Organized Under the Laws of: IDAHO C 106517	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature <u>M. J. Gehl</u></td> <td style="width: 40%;">Date <u>4-6-01</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>MARSHA J. GEHL</u></td> <td>Title: <u>PRESIDENT</u></td> </tr> </table>	Signature <u>M. J. Gehl</u>	Date <u>4-6-01</u>	Name (Typed or Printed) <u>MARSHA J. GEHL</u>	Title: <u>PRESIDENT</u>
Signature <u>M. J. Gehl</u>	Date <u>4-6-01</u>				
Name (Typed or Printed) <u>MARSHA J. GEHL</u>	Title: <u>PRESIDENT</u>				