

No. W 1291

Due no later than July 31, 2004  
Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

JEROME CHIROPRACTIC CLINIC, P.L.L.C  
MARK M SACCOMAN  
219 S LINCOLN  
JEROME, ID 83338

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219 S LINCOLN  
JEROME, ID 83338

3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Members.

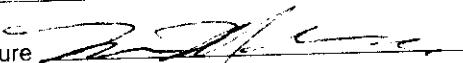
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	MARK M. SACCOMAN, D.C.		JEROME	ID	83338
VICE PRESIDENT		219 SOUTH LINCOLN			
SECRETARY					

5. Organized Under the Laws of:

IDAHO  
W 1291

6.

Signature



Date

05/18/04

Name  
(Typed or  
Printed)

MARK M. SACCOMAN, D.C.

Title

PRESIDENT