

No. 155432	Idaho Corporation Annual Report Form		2. Registered Agent and Office																								
Return To	Due No Later Than November 1, 1988		MELODY A. LENKNER 493 EASTLAND DRIVE TWIN FALLS, IDAHO 83301																								
Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE	1. Mailing Address — Please Correct 065432																										
88 JUL 13 AM 10 34	LENKNER, MICHENER & ASSOCIATES, MELODY A. LENKNER 493 EASTLAND TWIN FALLS, IDAHO 83301		3. Incorporated Under The Laws of STATE OF IDAHO																								
	4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Mary Michener</td> <td>Route 1</td> <td>Eden</td> <td>Idaho</td> <td>83325</td> </tr> <tr> <td>Secretary:</td> <td>Melody Lenkner</td> <td>Route 2</td> <td>Twin Falls</td> <td>Idaho</td> <td>83301</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President:	Mary Michener	Route 1	Eden	Idaho	83325	Secretary:	Melody Lenkner	Route 2	Twin Falls	Idaho	83301	Directors:				
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Directors:																											
5. Nature of Business Speech pathology 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. <table border="1"> <tr> <td>Signature</td> <td><i>Mary Michener</i></td> <td>Date</td> <td>7-12-88</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Mary Michener</td> <td>Title</td> <td>President</td> </tr> </table>				Signature	<i>Mary Michener</i>	Date	7-12-88	Name (Typed or Printed)	Mary Michener	Title	President															
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