Idaho Corporation Annual Report Form   Due No Later Than November 1, 1988   MELODY A. LENKNER   MELODY A		INS	TRUCTIONS ON REVERSE SIDE			
Secretary of State Room 203, Statehouse Belle, 15 83720  SEC. OF LATE  LENKNER, MICHENER & ASSOCIATES, MELDDY A. LENKNER 493 EASTLAND TWIN FALLS, IDAHO 3301  4. Names and Addresses of Officers and Directors Name Street or PO. Address Melody Lenkner New Street or PO. Address Melody Lenkner New Street or PO. Address Secretary: Directors:  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Speech pathology clinic  Segnature  1. Mailing Address - Please Correct 0 55432  TWIN FALLS, IDAHO 83301  STATE GF IDAHO  Discorporated Under The Laws of STATE GF IDAHO  Discorporated Under The Laws of STATE GF IDAHO  STAT	No. 23432 Idaho Corpor		ration Annual Report Form	2. Registered Agent and Office		
Secretary of State Rooms Boths, ID 83720 SEC. STATTE  RELODY A. LENKNER, MICHENER & ASSOCIATES, MELODY A. LENKNER 493 EASTLAND Thin FALLS, IDAHO 83301  STATE OF IDAHO  STATE	Return To	Due No Later	1. Mailing Address — Please Correct 065432  LENKNER, MICHENER & ASSOCIATES, MELODY A. LENKNER 493 EASTLAND TWIN FALLS, IDAHO 83301		TWIN FALLS, IDAHO	
Room 203, Statehouse Bible, 1D 43720  SEC. OF CHATE  8 JUL 13 FM 10 34  4. Names and Addresses of Officers and Directors  Name  Street or P.O. Address  President: Mary Michener Route 1 Secretary: Melody Lenkner Route 2  Directors:  6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.  Speech pathology clinic  Speech pathology clinic  LENKNER, MICHENER & ASSOCIATES, 83301  3. Incorporated Under The Laws of STATE OF IDAHO  STATE OF IDAHO	Secretary of State	1. Mailing Address —				
493 EASTLAND TWIN FALLS, IDAHO  Name Street or P.O. Address  Name Street or P.O. Address  Name Street or P.O. Address  President: Mary Michener Route 1 Eden Idaho 83325 Secretary: Melody Lenkner Route 2 Twin Falls Idaho 83301  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.  Speech pathology clinic  Date 1-12-18	Room 203, Statehou	LENKNER, MI				
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Speech pathology clinic Signature Wary Michen Date 7-12-87	5. Nature of Business			mined by me and is to the	best of my knowledge	
speeds: pasticology clinic	Speech pathology	· ·	100	Date 1	1-12-18	
		Name Print			resident	_