

No. C106517	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct GEHL CHIROPRACTIC, P.A. MARSHA J GEHL 826 BLUE LAKES BLVD N TWIN FALLS ID 83301		MARSHA J GEHL 826 BLUE LAKES BLVD N TWIN FALLS ID 83301 3. Organized Under the Laws of: ID C106517
* FIRST NOTICE *			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)			
<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, TWIN FALLS	ID 83301
MANAGER	TAMMY LARSEN	834 FOLS AVE.	TWIN FALLS ID 83301
DIRECTOR	DAVID STEPHENSON	430 MEADOW RIDGE	TWIN FALLS, ID. 83301
5. Signature of New Registered Agent		6. Signature <u>Marsha J. Gehl</u> Date <u>7-12-99</u> Name (Typed or Printed) <u>MARSHA J. GEHL</u> Title <u>President</u>	

ISSUED: 07-03-1999

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