

| No. <b>C106972</b>  | <b>Annual Report Form</b><br>Due No Later Than November 30, <b>1996</b>  | 2. Registered Agent and Office <b>NOT A P.O. BOX</b><br><br>DR THOMAS M VIGIL<br><del>220 S WASHINGTON AVE</del><br>210 Yale ID 83651<br>Nampa ID 83617<br>EMMETT |             |       |                        |      |       |     |                      |                  |          |       |    |       |           |               |          |       |    |       |          |                  |          |       |    |       |          |                |          |       |    |       |          |               |          |       |    |       |
|---|--|---|-------------|-------|------------------------|------|-------|-----|----------------------|------------------|----------|-------|----|-------|-----------|---------------|----------|-------|----|-------|----------|------------------|----------|-------|----|-------|----------|----------------|----------|-------|----|-------|----------|---------------|----------|-------|----|-------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FEE REQUIRED</b><br><br><b>* FIRST NOTICE *</b>   | 1. Mailing Address - Please Correct, If Not Correct<br><br>ALTERNATIVE MEDICINE AND PID<br>DR THOMAS M VIGIL<br><del>220 S WASHINGTON AVE</del><br>210 Yale ID 83651<br>EMMETT Nampa ID 83617  | 3. Organized Under the Laws of:<br><br>ID C106972   |             |       |                        |      |       |     |                      |                  |          |       |    |       |           |               |          |       |    |       |          |                  |          |       |    |       |          |                |          |       |    |       |          |               |          |       |    |       |
| 4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)  |  |   |             |       |                        |      |       |     |                      |                  |          |       |    |       |           |               |          |       |    |       |          |                  |          |       |    |       |          |                |          |       |    |       |          |               |          |       |    |       |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Office held</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or P.O. Address</th> <th style="width: 15%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td><del>President</del></td> <td>Dr. Thomas Vigil</td> <td>210 Yale</td> <td>Nampa</td> <td>ID</td> <td>83651</td> </tr> <tr> <td>Secretary</td> <td>Beverly Vigil</td> <td>210 Yale</td> <td>Nampa</td> <td>ID</td> <td>83651</td> </tr> <tr> <td>Director</td> <td>Dr. Thomas Vigil</td> <td>210 Yale</td> <td>Nampa</td> <td>ID</td> <td>83651</td> </tr> <tr> <td>Director</td> <td>Dr. Juan Lopez</td> <td>210 Yale</td> <td>Nampa</td> <td>ID</td> <td>83651</td> </tr> <tr> <td>Director</td> <td>Beverly Vigil</td> <td>210 Yale</td> <td>Nampa</td> <td>ID</td> <td>83651</td> </tr> </tbody> </table> |  |   | Office held | Name  | Street or P.O. Address | City | State | Zip | <del>President</del> | Dr. Thomas Vigil | 210 Yale | Nampa | ID | 83651 | Secretary | Beverly Vigil | 210 Yale | Nampa | ID | 83651 | Director | Dr. Thomas Vigil | 210 Yale | Nampa | ID | 83651 | Director | Dr. Juan Lopez | 210 Yale | Nampa | ID | 83651 | Director | Beverly Vigil | 210 Yale | Nampa | ID | 83651 |
| Office held   | Name   | Street or P.O. Address  | City        | State | Zip                    |      |       |     |                      |                  |          |       |    |       |           |               |          |       |    |       |          |                  |          |       |    |       |          |                |          |       |    |       |          |               |          |       |    |       |
| <del>President</del>  | Dr. Thomas Vigil   | 210 Yale  | Nampa       | ID    | 83651                  |      |       |     |                      |                  |          |       |    |       |           |               |          |       |    |       |          |                  |          |       |    |       |          |                |          |       |    |       |          |               |          |       |    |       |
| Secretary   | Beverly Vigil  | 210 Yale  | Nampa       | ID    | 83651                  |      |       |     |                      |                  |          |       |    |       |           |               |          |       |    |       |          |                  |          |       |    |       |          |                |          |       |    |       |          |               |          |       |    |       |
| Director  | Dr. Thomas Vigil   | 210 Yale  | Nampa       | ID    | 83651                  |      |       |     |                      |                  |          |       |    |       |           |               |          |       |    |       |          |                  |          |       |    |       |          |                |          |       |    |       |          |               |          |       |    |       |
| Director  | Dr. Juan Lopez   | 210 Yale  | Nampa       | ID    | 83651                  |      |       |     |                      |                  |          |       |    |       |           |               |          |       |    |       |          |                  |          |       |    |       |          |                |          |       |    |       |          |               |          |       |    |       |
| Director  | Beverly Vigil  | 210 Yale  | Nampa       | ID    | 83651                  |      |       |     |                      |                  |          |       |    |       |           |               |          |       |    |       |          |                  |          |       |    |       |          |                |          |       |    |       |          |               |          |       |    |       |
| 5. NATURE OF BUSINESS<br>Naturopathy<br>ACUPRESSURE KINESIOLOGY   | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.<br>Signature <u>Beverly Vigil</u> Date <u>11-4-96</u><br>Name (Typed or Printed) <u>Beverly Vigil</u> Title <u>Secretary</u> |   |             |       |                        |      |       |     |                      |                  |          |       |    |       |           |               |          |       |    |       |          |                  |          |       |    |       |          |                |          |       |    |       |          |               |          |       |    |       |

ISSUED: 07-06-1996

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