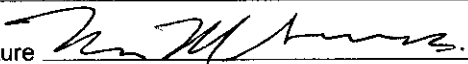
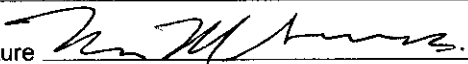
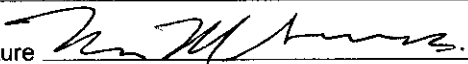


No. W 1291	Due no later than Jul 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX MARK M SACCOMAN 219 S LINCOLN JEROME, ID 83338																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable JEROME CHIROPRACTIC CLINIC, P.L.L.C MARK M SACCOMAN 219 S LINCOLN JEROME, ID 83338		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 20%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>Mark Saccoman (President)</td> <td>219 S Lincoln</td> <td>Jerome</td> <td>Id</td> <td>83338</td> </tr> <tr> <td></td> <td>Mark Saccoman (Secretary)</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		Mark Saccoman (President)	219 S Lincoln	Jerome	Id	83338		Mark Saccoman (Secretary)	" "	" "	" "	" "
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	Mark Saccoman (Secretary)	" "	" "	" "	" "																
5. Organized Under the Laws of: IDAHO W 1291		6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>5-13-02</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Mark M. Saccoman</u></td> <td>Title <u>President</u></td> </tr> </table>		Signature 	Date <u>5-13-02</u>	Name (Typed or Printed) <u>Mark M. Saccoman</u>	Title <u>President</u>														
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