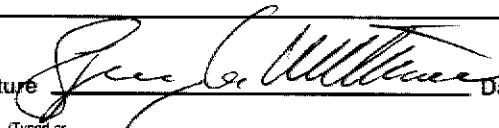


No. W 3333	Annual Report Form 1997 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct INTERMOUNTAIN CHIROPRACTIC P SPENCER G. WILLIAMS 340 FALLS AVE TWIN FALLS ID 83301		SPENCER G. WILLIAMS 340 FALLS AVE TWIN FALLS ID 83301 3. Organized Under the Laws of: ID W 3383

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)

Office held	Name	Street or P.O. Address	City	State	Zip
mgr		SPENCER G. WILLIAMS D.C.			
		340 FALLS AVE.			
		TWIN FALLS, IDAHO 83301			
		734-0500			

5. SIGNATURE OF CURRENT RA	6. Signature  Date <u>7-11-97</u> Name (Typed or Printed) _____ Title _____
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ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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