

Annual Report Form

1996

Due No Later Than November 30,

2. Registered Agent and Office NOT A P.O. BOX

1. Mailing Address - Please Correct If Not Correct

JAMES E. VANCHO, D.C., P.C.

102 W 11TH ST STE B

POST FALLS ID 83854

JAMES E. VANCHO
102 W 11TH ST STE B

POST FALLS ID 83854

3. Organized Under the Laws of:

OR C 99713

00720-0080

E REQUIRED

FIRST NOTICE *

Corporations: Enter Names and 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

PRES/SECT'Y JAMES E. VANCHO 124 DART ST POST FALLS ID 83854

5. NATURE OF BUSINESS

CHIROPRACTIC HEALTH CARE

6. I certify that this Annual Report has been examined by me and is
knowledge true, correct and complete.

Signature

Date

Name

(Typed or
Printed)

JE VANCHO DC

Title

ISSUED: 07-06-1996