

No. C100948	Annual Report Form 1996 Due No Later Than November 30,		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 DR. DAVID B. CONRAD, P.A. DR DAVID B CONRAD 1296 ADDISON AVE EAST TWIN FALLS ID 83301		DR DAVID B CONRAD 1296 ADDISON AVE EAST TWIN FALLS ID 83301 3. Organized Under the Laws of: ID C100948																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" data-bbox="28 351 1471 510"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President/Director</td> <td>David B Conrad</td> <td>1296 Addison Ave E</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary</td> <td>Mary C Conrad</td> <td>1296 Addison Ave E</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President/Director	David B Conrad	1296 Addison Ave E	Twin Falls	ID	83301	Secretary	Mary C Conrad	1296 Addison Ave E	Twin Falls	ID	83301
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5. NATURE OF BUSINESS CHIROPRACTIC MEDICINE		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Dr. David B Conrad</u> Date <u>7-12-96</u> Name (Typed or Printed) <u>Dr David B Conrad</u> Title <u>President</u>																				

ISSUED: 07-06-1996

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