Vo. c111875	Annual Report Form Due No Later Than November 30, 19	2. Registered Age	ent and Office NOT	A P.O. BOX	
SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct	RICHARD 960 380		IGS E STE 40	
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	IDAHO CHIROPRACTIC PHYSICIA RICHARD A CUMMINSS	N BOISE	ID	83706	
NO FEE REQUIRED	960 BROADWAY AVE STE 400	3. Organized Unc	3. Organized Under the Laws of:		
* FIRST NOTICE *	301SE 10 83706	τD	<u></u>	875	
	Addresses of President, Secretary and Directors r Names and Addresses of D Managers or D Men	nbers (check one)		I	
Office held Name	Street or P.O. Address	City	State	Zip	
President/Director - Secretary/Director -	David Price - 9508 Fairview Ave, E James W. Krantz, 910 N. Curtis Roa	Boise, ID 8370 ad, Boise, ID a	4 83706		
President/Director - Secretary/Director -	David Price - 9508 Fairview Ave, E James W. Krantz, 910 N. Curtis Roa	Boise, ID 8370 ad, Boise, ID a	4 83706		
Secretary/Director -	James W. Krantz, 910 N. Curtis Roa	ad, Boise, ID	83706	est of my	
Secretary/Director -	James W. Krantz, 910 N. Curtis Roa 6. I certify that this Annual Report has I knowledge trye correct and complet	ad, Boise, ID	and is to the be	est of my 21, 1996	
Secretary/Director -	James W. Krantz, 910 N. Curtis Roa 6. I certify that this Annual Report has I knowledge trye correct and complet	ad, Boise, ID been examined by me	and is to the be	21, 1990	
Secretary/Director -	James W. Krantz, 910 N. Curtis Roa 6. I certify that the Annual Report has I knowledge true correct and complet Signature Name (Typed or Printed)	ad, Boise, ID been examined by me Date Dings	and is to the be November	21, 1990	