

No. C107781	<b>Annual Report Form</b> 1996 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct DUNLAP CHIROPRACTIC, PROFESS MARK DUNLAP 2281 OVERLAND AVE  BURLEY ID 83318		MARK DUNLAP 2281 OVERLAND AVE  BURLEY ID 83318
			3. Organized Under the Laws of: ID C107781

4. 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
President	Mark L Dunlap	2281 Overland Ave	Burley	ID	83318

5. NATURE OF BUSINESS  CHIROPRACTIC	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>Mark Dunlap</u> Name (Typed or Printed) <u>Mark L Dunlap</u>	Date <u>10-23-96</u> Title <u>President</u>

ISSUED: 10-05-1996

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↓ DO NOT TAPE OR STAPLE ↓