

Annual Report Form
Due No Later Than November 30, 1998

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

STRAWN CHIROPRACTIC, P.A.

ROBERT C MONTGOMERY

355 W MYRTLE STE 102

7213 Potomac Dr 83704

BOISE

ID 83702

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

ROBERT C MONTGOMERY

355 W MYRTLE STE 102

BOISE

ID 83702

3. Organized Under the Laws of:

ID

C121274

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)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	David M. Strawn	4948 Kootenai, Ste. B	Boise	ID	83705
Secretary	Emily Beukelman	120 E. Mallard, #207	Boise	ID	83702

5. Signature of New Registered Agent

6.

Signature



Date 9-21-98

Name (Typed or
Printed)

David M. Strawn

Title President

ISSUED: 07-03-1998

19314

DO NOT TAPE OR STAPLE