

Due no later than July 31, 2006

No. C 111446

Annual Report Form

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

WARD CHIROPRACTIC CLINIC, PROFESSIO
ROBERT WARD
PO BOX 3052
POCATELLO, ID 83201

2. Registered Agent and Office NO PO BOX

ROBERT WARD
2186 COLONIAL LN
POCATELLO, ID 83201

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held

Name

Street or P.O. Address

City

State

Zip

Pres.

Robert E. Ward 2186 Colonial Ln.
P.O. Box 3052

Pocatello
Pocatello

Id.
Id.

83201
83201

Sec.

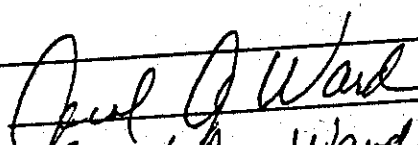
Carol A. Ward 2186 Colonial Ln.
P.O. Box 3052

5. Organized Under the Laws of:
IDAHO
C 111446

6.

Signature

Name (Typed or Printed)


Carol A. Ward

Date

Title

7-21-06

Sec

200607003212

Do Not Tape or Staple