INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-06-1995

No. 110996

Idaho Corporation Annual Report Form

Due No Later Than November 30 1995

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address - Please Correct If Necessary

PRESTON CHIROPRACTIC CLINIC, CH
145 GAMBLE AVE
PRESTON ID 83263

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

LEONARD E WARD
145 GAMBLE AVE
PRESTON ID 83263

3. Incorporated Under The Laws of

ID
NO: 110996

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	LEONARD E. WARD	145 GAMBLE AVENUE	PRESTON	ID	83263
Secretary:	PENNY A. WARD	145 GAMBLE AVENUE	PRESTON	ID	83263
Directors:	LEONARD E. WARD	145 GAMBLE AVENUE	PRESTON	ID	83263

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 X Leonard E Ward Date X 8/15/95

Name (Typed or Printed) LEONARD E WARD Title MGR