

No.

W 1605

Annual Report Form

1995

Due No Later Than November 30,

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

Return to:

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

1. Mailing Address - Please Correct, If Not Correct

CHIROPRACTIC PHYSICIANS NEI W
JAMES W KRANZ DC
910 N CURTIS RD

JAMES W KRANZ DC
910 N CURTIS RD

BOISE ID 83706

NO FEE REQUIRED

* FIRST NOTICE *

BOISE ID 83706

3. Organized Under the Laws of:

ID W 1605

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
Member	Dr David N. Price	9508 Fairview Ave.	Boise	ID	83704
Member	Dr. James W. Kranz	910 North Curtis Road	Boise	ID	83706

5. SIGNATURE OF CURRENT RA

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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 James W. Kranz Date 7/24/96Name (Typed or Printed) James W. Kranz Title Member

ISSUED: 37-38-4976

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