

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1995

No. 111212	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	SPENCER WILLIAMS 340 FALLS AVE
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080	1 Mailing Address -- Please Correct if Not Correct	TWIN FALLS ID 83301
* FIRST NOTICE *	WILLIAMS CHIROPRACTIC PAIN RELI SPENCER WILLIAMS 340 FALLS AVE	3. Incorporated Under The Laws of
NO FEE REQUIRED	TWIN FALLS ID 83301	ID
		NO: 111212

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	Spencer Williams	1015 Washington	Twin Falls	ID	83301
Secretary:					
Directors:					

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.

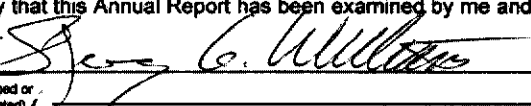
Signature

Name

(Typed or Printed)

Date

Title



8-8-95