INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1995

No. 111212

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 Not Correct*

WILLIAMS CHIROPRACTIC PAIN RELI
SPENCER WILLIAMS
340 FALLS AVE

TWIN FALLS ID 83301

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

SPENCER WILLIAMS
340 FALLS AVE

TWIN FALLS ID 83301

3. Incorporated Under The Laws of

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 Spencer C. Williams Date 8-8-95

Name (Typed or Printed) _____ Title _____