

No. C113460	Annual Report Form 1996 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 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct TURNER CHIROPRACTIC, P.C. BRADLEY J TURNER 1736 ADDISON AVE E TWIN FALLS ID 83301		BRADLEY J TURNER 1736 ADDISON AVE E TWIN FALLS ID 83301 3. Organized Under the Laws of: ID C113460																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" data-bbox="26 372 1473 510"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Bradley J Turner</td> <td>1736 Borah Ave E</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Secretary</td> <td>Raquel Turner</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Bradley J Turner	1736 Borah Ave E	Twin Falls	ID	83301	Secretary	Raquel Turner	"	"	"	"
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President	Bradley J Turner	1736 Borah Ave E	Twin Falls	ID	83301																	
Secretary	Raquel Turner	"	"	"	"																	
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 <u>Raquel Turner</u> Date <u>7/17/96</u> Name (Typed or Printed) <u>Raquel Turner</u> Title <u>Secretary</u>																					

ISSUED: 07-06-1996

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