

No. 68299

Idaho Corporation Annual Report Form

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

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720* FIRST NOTICE *
NO FEE REQUIRED

Due No Later Than November 1, 1997

1 Mailing Address *(Type or Print Name and Address)*BROADWAY CHIROPRACTIC CENTER, P
DONALD D. RAE
1149 WEST BOISE AVE.

BOISE ID 83706

DONALD D. RAE
1149 WEST BOISE AVE

BOISE ID 83706

3. Incorporated Under The Laws

of ID

NO: 68299

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

	Name	Street or P.O. Address	City	State	Zip
President:	DONALD D. RAE	128 DOVER W.	BOISE	ID.	83705
Secretary:	MARGARET A. RAE	128 DOVER W.	BOISE	ID.	83705
Directors:					

5. Nature of Business

HEALTH SERVICE

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

Margaret Ann Rae

Aug. 9

Secretary