No. 6 92538 Return to:	Annual Report Form 1997 Due No Later Than November 30,	
SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct	C C WILCHER
700 WEST JEFFERSON	CHIROPRACTIC ACADEMY OF HOME	5333 FRANKLIN RD STE B
PO BOX 83720 BOISE, ID 83720-0080	A STATE OF HOME	
NO FEE REQUIRED	6536 STADIUM DRIVE	BUISE ID 83705
		3. Organized Under the Laws of:
* FIRST NOTICE *	ZEPHYRHILLS FL 33540	
L. Corporations: Enter Names and I	Susiness Addresses of President C	ID C 92838
धामाम्बर्ध धांबाधारिक Companies: Ente	er Names and Addresses of Managers or Members	(cheek and)
CASCO		
Name	Street or P.O. Address	City State 71.
respond white	LP, TOWLE D.C. 6535 SAV	One 3
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1. Tres Kobert	Fade D.C YEAN T.	
C.P. Tres Robert	Fady D.C. 490 N. Indian Ro	ck load Bellain
1.P./Tres Kobert	Fady D.C. 490 N. Indian Re	ick load, Bellair
P./Tres Kobert	Fady D.C. 490 N. Indian Ro Bluffs Floric	Leck load, Bellair
P. Tres Kobert	Street or P.O. Address L.P. Towle D.C. 6536 Starlin Fady D.C. 490N. Indian Ro Bluffs Floric	du 33770
P. Mres Kobert	Fady D.C. 490 N. Indian Ro Bluffs Floric	du 33770
P. Tres Kobert	Fady D.C. 490 N. Indian Ro Bluffs , Floric	du 33770
P./Tres Kobert	Fady D.C. 490 N. Indian Ro Bluffs Floric	du 33770
P./Tres Robert	Fady D.C. 490 N. Indian Ro Bluffs , Floric	du 33770
C.P. /Tres Robert		du 33770
P. Mres Robert	Fady D.C. 490 N. Indien la Bluffs Floria	du 33770
.P. /Tres Kobert	6.	
P. Mres Kobert	6.	
P. Tres Kobert	6. Signature	a. 6 00 8/13/97
	6. Signature Name (Typed or Printed)	a 6 00 8/13/57
	6. Signature Name (Typed or Printed)	
	6. Signature Name (Typed or Printed)	a 6 00 8/13/57
	6. Signature Name (Typed or Printed)	Toutelle President
	6. Signature Name (Typed or Printed)	Toutelle President
	6. Signature Name (Typed or Printed)	Toutelle President