

Annual Report Form
Due No Later Than November 30,

1995

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

IDAHO CHIROPRACTIC PHYSICIAN
JAMES W KRANZ DC
910 N CURTIS RD

BOISE

ID 83706

JAMES W KRANZ DC
910 N CURTIS RD

BOISE

ID 83706

3. Organized Under the Laws of:

ID

W 1604

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☒ **Members** (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
MEMBER	DAVID N PRICE DC	9508 FAIRVIEW AVE	BOISE	ID	83704
MEMBER	JAMES W KRANZ DC	910 N CURTIS RD	BOISE	ID	83706

5. Signature of New Registered Agent

6.

Signature

Name

(Typed or
Printed)

JAMES W KRANZ DC

Date

Title

MEMBER

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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