

No. <b>C110996</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1997</b>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>LEONARD E WARD</b> <b>145 GAMBLE AVE</b>  <b>PRESTON ID 83263</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  <b>PRESTON CHIROPRACTIC CLINIC,</b>  <b>122 N. STATE ST.</b>  <b>PRESTON ID 83263</b>	3. Organized Under the Laws of:  <b>ID C110996</b>
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
President	LEONARD E. WARD	145 Gamble Ave
Sec.	PENNY A WARD	145 Gamble Ave
Director	LEONARD E. WARD	145 Gamble Ave
City	State	Zip
Preston	ID	83263
Preston	ID	83263
Preston	ID	83263
5.		
6.		
Signature	Date	10/30/97
Name (Typed or Printed)	Title	President

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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