

No. 86835	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1990</i>		2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address — <i>Please Correct</i>		KENNETH W. KIRKPATRICK 405 NORTH ORCHARD
	KARE INSTITUTE, CHARTERED KENNETH W. KIRKPATRICK 405 NORTH ORCHARD		BOISE ID 83706 610
	BOISE ID 83706		3. Incorporated Under The Laws of ID NO: 086835

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Kenneth W. Kirkpatrick	405 N. Orchard	Boise	Id	83706
Secretary:	same				
Directors:					

5. Nature of Business

Chiropractic

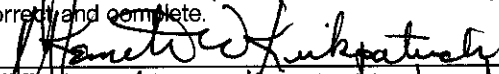
6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Name (Typed or Printed)

Date

Title


 Dr. Kenneth W. Kirkpatrick

7/11/90

President