

No. C113213	Annual Report Form Due No Later Than November 30, 1996		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	1. Mailing Address - Please Correct, If Not Correct MICHAEL C. TROWBRIDGE, D.C., 401 CHURCH ST SANDPOINT ID 83864		MICHAEL C TROWBRIDGE 401 CHURCH ST SANDPOINT ID 83864 3. Organized Under the Laws of: ID C113213																			
* FIRST NOTICE * 4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT & DIRECTOR</td> <td>Michael C. Trowbridge</td> <td>3285 Hwy 95</td> <td>Sandpoint, ID</td> <td>83864</td> <td></td> </tr> <tr> <td>SECRETARY</td> <td>Keena M. Trowbridge</td> <td>3285 Hwy 95</td> <td>Sandpoint, ID</td> <td>83864</td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT & DIRECTOR	Michael C. Trowbridge	3285 Hwy 95	Sandpoint, ID	83864		SECRETARY	Keena M. Trowbridge	3285 Hwy 95	Sandpoint, ID	83864	
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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 <u>Michael C. Trowbridge</u> Date <u>8/23/96</u> Name (Typed or Printed) <u>Michael C. Trowbridge</u> Title <u>President</u>																				

ISSUED: 07-06-1996

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