

No. W 1604

Annual Report Form 1996

Due No Later Than November 30,

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

2. Registered Agent and Office NOT A P.O. BOX

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 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	Dr. David N. Price	9508 Fairview Avenue	Boise	ID	83704
Member	Dr. James W. Kranz	910 North Curtis Road	Boise	ID	83706
Member	Chiropractic Physicians Network, LLC	9508 Fairview Avenue	Boise	ID	83704

5. SIGNATURE OF CURRENT RA

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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 James W Kranz Date 7/24/96

Name (Typed or Printed) James W. Kranz Title Member

ISSUED: 37-08-1996

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