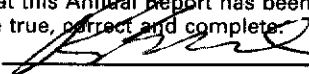


No. C111446	<b>Annual Report Form</b> 1995 Due No Later Than November 30,		2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct  WARD CHIROPRACTIC CLINIC, PC ROBERT WARD 1000 POCATELLO CK RD #53  POCATELLO ID 83201		ROBERT WARD 1000 POCATELLO CK RD #53  POCATELLO ID 83201
			3. Organized Under the Laws of:  ID C111446

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

Office held	Name	Street or P.O. Address	City	State	Zip
Pres	Robert E. Ward D.C.	1000 Pocatello Ck Rd P.O. Box 3052	Pocatello	ID	83201

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></u> Date <u>8/24/96</u> Name (Typed or Printed) <u>Robert E. Ward</u> Title <u>Pres</u>
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ISSUED: 07-06-1995

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