

No. C111446

Annual Report Form

Due No Later Than November 30,

1995

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

WARD CHIROPRACTIC CLINIC, PR
 ROBERT WARD
 1000 POCATELLO CK RD #57

POCATELLO ID 83201

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

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 Ctr
 P.O. Box 3052

Pocatello

Ida

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

Date

8/26/96

Name (Typed or
Printed)

Title

Pres

ISSUED: 07-06-1995

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