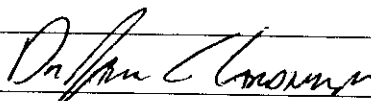


No. W 13419	Due no later than November 30, 2003		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form														
	1. Mailing Address - Correct in this box, if applicable GRAND TETON CHIROPRACTIC, PLLC 2450 E 25TH ST STE C IDAHO FALLS, ID 83404		DR JAMES C GARDNER DC 4317 AMBER LN IDAHO FALLS, ID 83406 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>JAMES C. GARDNER</td> <td>4317 AMBER LANE</td> <td>IDAHO FALLS</td> <td>ID</td> <td>83406</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	JAMES C. GARDNER	4317 AMBER LANE	IDAHO FALLS	ID	83406
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Manager	JAMES C. GARDNER	4317 AMBER LANE	IDAHO FALLS	ID	83406										
5. Organized Under the Laws of: IDAHO W 13419	6. Signature  Date <u>9/12/03</u> Name (Typed or Printed) <u>DR. JAMES C. GARDNER</u> Title <u>OWNER</u>														

Issued 09/02/2003

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