

No. C 111212		Due no later than Jun 30, 2005		2. Registered Agent and Address (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 needed. WILLIAMS CHIROPRACTIC PAIN RELIEF CLINIC PROFESSIONAL ASSOCIATION SPENCER WILLIAMS 340 FALLS AVE TWIN FALLS ID 83301 0000		SPENCER WILLIAMS 340 FALLS AVE TWIN FALLS ID 83301 0000			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	SPENCER G WILLIAMS	340 FALLS	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: IDAHO C 111212		6. Annual Report must be signed.* Signature: Spencer Williams Name (type or print): Spencer Williams Date: 07/15/2005 Title: Pres					
Processed 07/15/2005		* Electronically provided signatures are accepted as original signatures.					