


No. C 127062	Due no later than Jan 31, 2003 Annual Report Form		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	1. Mailing Address - Correct in this box, if applicable ANDERSON CHIROPRACTIC CARE, P.A. Geff D Anderson 7 EMERALD STE A 9632 W. BOISE, ID 83704		ROBERT C. MONTGOMERY, CHTD 355 W MYRTLE #102 BOISE, ID 83702			
3. <u>New</u> Registered Agent Signature						
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.						
<u>Office held</u>		<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.		Geff Anderson	9632 W. EMERALD STE A	BOISE	ID	83704
Sec.		KATHLEN Anderson	9632 W. EMERALD STE A	BOISE	ID	83704
5. Organized Under the Laws of: IDAHO C 127062			6. Signature  Date 1-22-03			
			Name <small>(Typed or Printed)</small> DR. GEF D ANDERSON Title Pres.			