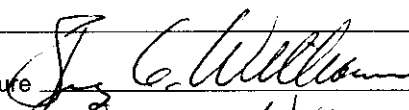
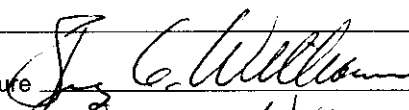
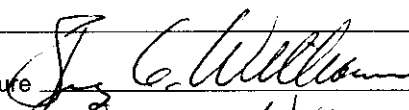


No. C 111212	Due no later than Jun 30, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable WILLIAMS CHIROPRACTIC PAIN RELIEF C SPENCER WILLIAMS 340 FALLS AVE TWIN FALLS, ID 83301		SPENCER WILLIAMS 340 FALLS AVE TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Spencer Williams</td> <td>340 Falls Ave</td> <td>Twin Falls</td> <td>ID</td> <td>83301</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>	Pres.	Spencer Williams	340 Falls Ave	Twin Falls	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Pres.	Spencer Williams	340 Falls Ave	Twin Falls	ID	83301										
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 111212</div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date <u>4-5-02</u> </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> <u>Spencer Williams</u> </td> <td> Title <u>Owner</u> </td> </tr> </table>		Signature 	Date <u>4-5-02</u>	Name <small>(Typed or Printed)</small> <u>Spencer Williams</u>	Title <u>Owner</u>								
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