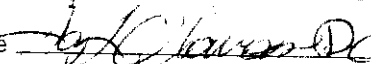


No. C 136612	Due no later than Dec 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable OLAVESON CHIROPRACTIC PA 657 S WOODRUFF AVE IDAHO FALLS, ID 83401	GREGORY C CALDER 2105 CORONADO ST IDAHO FALLS, ID 83404 3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" style="width: 100%; border-collapse: collapse;"> <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></td> <td>President</td> <td>EARLY OLAVESON</td> <td>657 S Woodruff Ave</td> <td>IDAHO FALLS</td> <td>ID 83401</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>		President	EARLY OLAVESON	657 S Woodruff Ave	IDAHO FALLS	ID 83401
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
	President	EARLY OLAVESON	657 S Woodruff Ave	IDAHO FALLS	ID 83401									
5. Organized Under the Laws of: IDAHO C 136612	6. Signature  Date <u>1-25-05</u> Name <small>Typed or Printed</small> <u>EARLY L Olaveson</u> Title <u>President</u>													