

No. C 122472	Due no later than Jan 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX ROBERT C. MONTGOMERY, CHTD 2160 S TWIN RAPID WAY BOISE, ID 83709
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: <small>Correct in this box, if applicable</small> KNOWLES CHIROPRACTIC, P.A. JOHN RICHARD KNOWLES III 7153 W. EMERALD BOISE, ID 83704	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>
	CEO	John Knowles	5288 N. Brigadoon Pl.	Meridian	ID	83642
	President	John Knowles	5288 N. Brigadoon Pl.	Meridian	ID	83642
	Treasurer	John Knowles	5288 N. Brigadoon Pl.	Meridian	ID	83642
	Secretary	Linda Knowles	5288 N. Brigadoon Pl.	Meridian	ID	83642

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 122472</div>	6. Signature <u>Dr. John R Knowles III</u> Date <u>2-16-04</u> Name <small>(Typed or Printed)</small> <u>Dr John R Knowles III</u> Title <u>CEO</u>
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