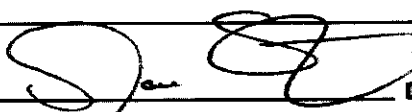


<b>No.</b> C121274	<b>Annual Report Form</b> Due No Later Than November 30, 1999		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>ROBERT C MONTGOMERY</b> <b>7213 POTOMAC DR</b>  <b>BOISE ID 83704</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct If Not Correct  <b>STRAWN CHIROPRACTIC, P.A.</b> <b>ROBERT C MONTGOMERY</b> <b>7213 POTOMAC DR</b>  <b>BOISE ID 83704</b>		3. Organized Under the Laws of:  <b>ID C121274</b>	
* <b>FIRST NOTICE</b> *				
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
President	Dave Strawn	965 Steadman Dr	Eagle	ID 83646
Secretary	Emily Beckelman	3000 Comanche	Nap	ID 83686
5. Signature of New Registered Agent		6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>           Signature             Name (Typed or Printed) <u>Dave Strawn</u> </div> <div>           Date <u>10-22-99</u>            Title <u>President</u> </div> </div>		

ISSUED: 07-03-1999

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