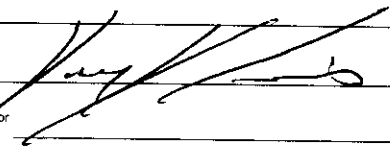
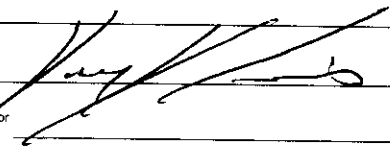
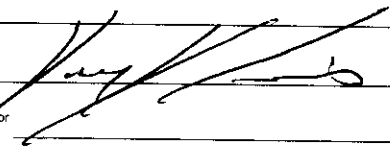


No. C 116278	Due no later than Aug 31, 2002 Annual Report Form		2. Registered Agent and Office NO PO BOX KASEY K LEWIS 11880 PRESIDENT ST BOISE, ID 83704																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable TEAM LEWIS CHIROPRACTIC, P.C. KASEY K. LEWIS 11880 PRESIDENT ST. BOISE, ID 83713		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; margin-top: 10px;"> <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>Kasey Lewis</td> <td>11880 W. President Dr</td> <td>Boise</td> <td>ID</td> <td>83713</td> </tr> <tr> <td>Vice Pres.</td> <td>Belyn Lewis</td> <td>"</td> <td>"</td> <td>"</td> <td>"</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.	Kasey Lewis	11880 W. President Dr	Boise	ID	83713	Vice Pres.	Belyn Lewis	"	"	"	"
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
Pres.	Kasey Lewis	11880 W. President Dr	Boise	ID	83713																
Vice Pres.	Belyn Lewis	"	"	"	"																
5. Organized Under the Laws of: IDAHO C 116278		6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date _____</td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> _____</td> <td>Title _____</td> </tr> </table>		Signature 	Date _____	Name <small>(Typed or Printed)</small> _____	Title _____														
Signature 	Date _____																				
Name <small>(Typed or Printed)</small> _____	Title _____																				