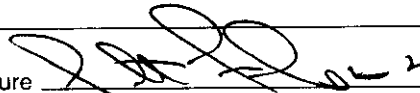


No. W 1136	Due no later than March 31, 2006		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form.		SCOTT FLETCHER												
	1. Mailing Address - Correct in this box, if applicable FLETCHER CHIROPRACTIC PLLC 3210 E CHINDEN BLVD STE 106 EAGLE, ID 83616		3210 E CHINDEN BLVD STE 106 EAGLE, ID 83616 3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PROBESANT</td> <td>SCOTT FLETCHER</td> <td>3210 E. CHINDEN BLVD. STE # 106</td> <td>EAGLE</td> <td>ID</td> <td>83616</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	PROBESANT	SCOTT FLETCHER	3210 E. CHINDEN BLVD. STE # 106	EAGLE	ID	83616
Office held	Name	Street or P.O. Address	City	State	Zip										
PROBESANT	SCOTT FLETCHER	3210 E. CHINDEN BLVD. STE # 106	EAGLE	ID	83616										
5. Organized Under the Laws of: IDAHO W 11364	6. Signature  Date <u>1-17-05</u> Name (Typed or Printed) <u>SCOTT FLETCHER</u> Title <u>OWNER</u>														

Issued 01/04/2006

Do Not Tape or Staple

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