No. W 10220	Due no later than November 30, 2004 Annual Report Form 1. Mailing Address - Correct in this box. if applicable IDAHO CHIROPRACTIC GROUP, P.L.L C 777 N 4TH ST BOISE, ID 83702		2. Registered Agent and Office NO PO BOX COREY MATTHEWS 777 N 4TH ST BOISE, ID 83702 3. New Registered Agent Signature		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					
NO FILING FEE IF RECEIVED BY DUE DATE					
Office held Name Name Timothy J. Kle	Street or P.O. Address Street or P.O. Address Ma, T.C. 2822 C. Rawbriver Dr. Minus, D.C. 1100 S. Hirbor Island Wy.	inagers. <u>City</u> Boise Exgle	State ID	<u>Zip</u> 8370W 83WK	
5. Organized Under the Laws of: IDAHO W 10220	6. Signature Application Confey Matthieux	to H	Date9] TitleMe		
Issued 09/01/2004	Do Not Tape or Star	Do Not Tape or Staple		20041100904	