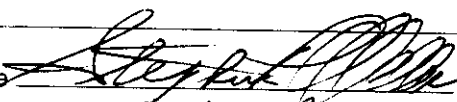
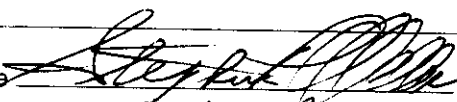
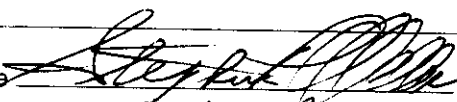


No. C 76851	Due no later than Sep 30, 2002 Annual Report Form	2. Registered Agent and Office NO PO BOX STEPHEN P. MELLOR, D.C. 54 PROFESSIONAL PLAZA REXBURG, ID 83440
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address <small>Correct in this box, if applicable</small> MELLOR CHIROPRACTIC CLINIC, P.A. 54 PROFESSIONAL PLAZA REXBURG, ID 83440	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>
Pres	STEPHEN P. MELLOR	429 LINDEN AVE	REXBURG	Idaho	83440
Secy	Rebecca MELLOR	429 LINDEN AVE	REXBURG	ID	83440

5. Organized Under the Laws of: IDAHO C 76851	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Signature  </td> <td style="width: 50%;"> Date <u>Sept 7, 2003</u> </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> <u>STEPHEN P. MELLOR</u> </td> <td> Title <u>PRES</u> </td> </tr> </table>	Signature 	Date <u>Sept 7, 2003</u>	Name <small>(Typed or Printed)</small> <u>STEPHEN P. MELLOR</u>	Title <u>PRES</u>
Signature 	Date <u>Sept 7, 2003</u>				
Name <small>(Typed or Printed)</small> <u>STEPHEN P. MELLOR</u>	Title <u>PRES</u>				