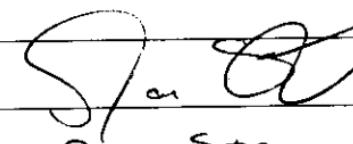


No. C 121274	Due no later than Oct 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable STRAWN CHIROPRACTIC, P.A. ROBERT C MONTGOMERY 355 W MYRTLE STE 102 BOISE, ID 83702		ROBERT C MONTGOMERY 355 W MYRTLE STE 102 BOISE, ID 83702		
NO FILING FEE IF RECEIVED BY DUE DATE			3. New 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>
President	David Strawn	4948 Easton, St. B	Boise	IO	83705
Secretary	Melissa Johnson	4948 Easton, St. B	Boise	IO	83705
5. Organized Under the Laws of: IDAHO C 121274		6. Signature _____ Name <small>(Typed or Printed)</small>  Dave Strawn		Date <u>10-4-01</u> Title <u>President</u>	