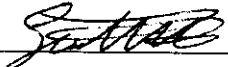
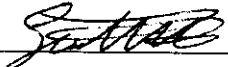
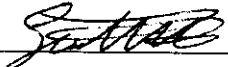


No. W 37274	Due no later than March 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX SCOTT C WHITE 1920 NORTH 3000 WEST REXBURG, ID 83440																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable WHITE CHIROPRACTIC CLINIC PLLC 1920 NORTH 3000 WEST REXBURG, ID 83440		3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <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>President</td> <td>Scott C. White</td> <td>1920 N. 3000 W.</td> <td>Rexburg</td> <td>ID</td> <td>83440</td> </tr> <tr> <td>V.P.</td> <td>Christina R. White</td> <td>1920 N. 3000 W.</td> <td>Rexburg</td> <td>ID</td> <td>83440</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>	President	Scott C. White	1920 N. 3000 W.	Rexburg	ID	83440	V.P.	Christina R. White	1920 N. 3000 W.	Rexburg	ID	83440
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5. Organized Under the Laws of: <div style="text-align: center; margin-top: 10px;"> IDAHO W 37274 </div>	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>3/28/06</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Scott C. White</u></td> <td>Title <u>President</u></td> </tr> </table>			Signature 	Date <u>3/28/06</u>	Name (Typed or Printed) <u>Scott C. White</u>	Title <u>President</u>														
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