

No. C 108659

Due no later than December 31, 2004
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

BLUE LAKES CHIROPRACTIC, P.A.
4102 CANYON RIDGE DR N
TWIN FALLS, ID 83301

CHARLES L PORTER DC
4102 CANYON RIDGE DR N
TWIN FALLS, ID 83301

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
President	Charles L. Porter DC	4102 Canyon Ridge Dr N.	Twin Falls	ID.	83301

5. Organized Under the Laws of:

IDAHO
C 108659

6.

Signature Charles L Porter DC Date 12/27/2004

Name (Type or Printed) Charles L. Porter, DC Title President