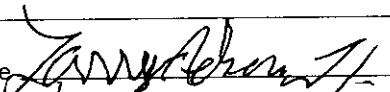
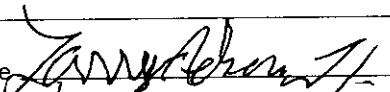
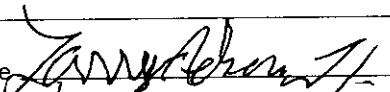


No. C 11185 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jun 30, 2003 Annual Report Form <div style="background-color: black; color: white; padding: 2px; text-align: center;">1 Mailing Address - Correct in this box, if applicable</div> EASTERN IDAHO CHIROPRACTIC CLINIC, LARRY DEAN NELSON DC 2585 CHANNING WY IDAHO FALLS, ID 83404	2. Registered Agent and Office NO PO BOX LARRY DEAN NELSON DC 2585 CHANNING WY IDAHO FALLS, ID 83404 3. <u>New</u> Registered Agent Signature
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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	Larry Dean Nelson	2585 Channing Way	Idaho Falls	Id	83404
Sec/iner	Melanie Nelson	2585 Channing Way	Idaho Falls	Id	83404

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 11185</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>7-14-03</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Larry Nelson DC</u></td> <td>Title <u>Pres</u></td> </tr> </table>	Signature 	Date <u>7-14-03</u>	Name (Typed or Printed) <u>Larry Nelson DC</u>	Title <u>Pres</u>
Signature 	Date <u>7-14-03</u>				
Name (Typed or Printed) <u>Larry Nelson DC</u>	Title <u>Pres</u>				