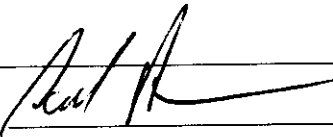
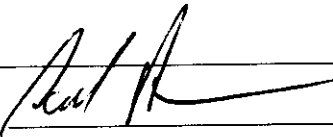
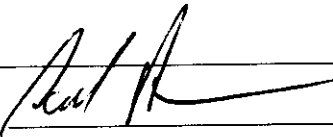


No. W 27949	Due no later than January 31, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX CARL ANDERSON 1505 S FIVE MILE RD BOISE, ID 83709												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable A+ CHIROPRACTIC, PLLC CARL ANDERSON 1505 S FIVE MILE RD BOISE, ID 83709		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>Member</td> <td>Carl Anderson</td> <td>1505 S Five Mile Rd</td> <td>Boise</td> <td>ID</td> <td>83709</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>	Member	Carl Anderson	1505 S Five Mile Rd	Boise	ID	83709
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Member	Carl Anderson	1505 S Five Mile Rd	Boise	ID	83709										
5. Organized Under the Laws of: IDAHO W 27949		6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%;"> Signature  </td> <td style="width: 50%;"> Date <u>11/16/05</u> </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> <u>Carl Anderson</u> </td> <td> Title <u>Member</u> </td> </tr> </table>		Signature 	Date <u>11/16/05</u>	Name <small>(Typed or Printed)</small> <u>Carl Anderson</u>	Title <u>Member</u>								
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