

No. C 108659		Due no later than Dec 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  BLUE LAKE 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
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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>
PRES	- Charles L. Porter, D.C.	153 Blue Lakes Blvd N, Twin Falls, Id		83301
SEC	- Geoffroi A. Golay, D.C.	153 Blue Lakes Blvd N, Twin Falls, ID		83301
DIREC	- Michael D. Porter, D.C.	638 W. Duarte Rd #16, Arcadia, CA		97007
5. Organized Under the Laws of:  IDAHO C 108659		6. Signature <u>Charles L. Porter</u> Date 10/8/01  Name <small>(Typed or Printed)</small> <u>Charles L. Porter, D.C.</u> Title <u>Pres</u>		