

No. C 111185	Due no later than June 30, 2006 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		LARRY DEAN NELSON DC 2585 CHANNING WY IDAHO FALLS, ID 83404																			
	EASTERN IDAHO CHIROPRACTIC CLINIC, LARRY DEAN NELSON DC 2585 CHANNING WY IDAHO FALLS, ID 83404		3. <u>New</u> Registered Agent Signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Larry Nelson</td> <td>2687 Mariner</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>sec/treas</td> <td>Melanie Nelson</td> <td>2687</td> <td></td> <td></td> <td></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>	Pres	Larry Nelson	2687 Mariner	Idaho Falls	ID	83404	sec/treas	Melanie Nelson	2687			
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sec/treas	Melanie Nelson	2687																				
5. Organized Under the Laws of: IDAHO C 111185		6. <div> Signature <u>Larry Nelson</u> Date <u>4-12-06</u> </div> <div> Name <small>(Typed or Printed)</small> <u>Larry Nelson</u> Title <u>Pres</u> </div>																				

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Do Not Tape or Staple

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