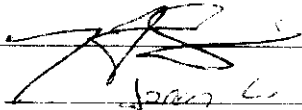


No. <b>C 139299</b>	<b>Due no later than June 30, 2005</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  HEALTHQUEST CHIROPRACTIC, P.C. 890 N COLE RD STE B BOISE, ID 83704	JAREN L SAYER 890 N COLE RD STE B BOISE, ID 83704  3. <u>New</u> Registered Agent Signature																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" style="width: 100%; border-collapse: collapse;"> <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>President</td> <td>Jaren L. Sayer</td> <td>890 N. Cole Rd, B</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>d Secretary</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Treasurer</td> <td>Emily E. Sayer</td> <td>"</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>	President	Jaren L. Sayer	890 N. Cole Rd, B	Boise	ID	83704	d Secretary						Treasurer	Emily E. Sayer	"	"	"	"
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d Secretary																										
Treasurer	Emily E. Sayer	"	"	"	"																					
5. Organized Under the Laws of:  IDAHO C 139299	6. Signature  Date <u>4/30/05</u> Name <small>(Typed or Printed)</small> <u>Jaren L. Sayer</u> Title <u>President</u>																									