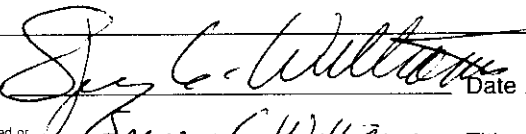


No. <b>C 111212</b>	<b>Due no later than June 30, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>		SPENCER WILLIAMS 340 FALLS AVE TWIN FALLS, ID 83301													
	WILLIAMS CHIROPRACTIC PAIN RELIEF C SPENCER WILLIAMS 340 FALLS AVE TWIN FALLS, ID 83301		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>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Spencer Williams</td> <td>1015 Washington St. W</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Pres	Spencer Williams	1015 Washington St. W	Twin Falls	ID	83301
Office held	Name	Street or P.O. Address	City	State	Zip											
Pres	Spencer Williams	1015 Washington St. W	Twin Falls	ID	83301											
5. Organized Under the Laws of:  IDAHO C 111212		6. Signature  Date <u>4-11-06</u> Name (Typed or Printed) <u>Spencer C. Williams</u> Title <u>Owner</u>														

Issued 04/03/2006

Do Not Tape or Staple

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