

No. C 95797

Due no later than July 31, 2004
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

CARE CHIROPRACTIC CLINIC, P.A.
RICHARD P. SAMPSON
1504 N MAIN ST
MERIDIAN, ID 83642

RICHARD P. SAMPSON
1504 E. 1ST STREET
MERIDIAN, ID 83642

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

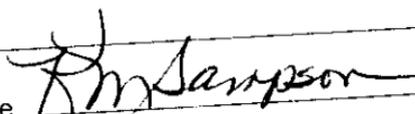
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Pres	Richard P Sampson	5572 N. Tumbleweed Pl	Boise,	ID	83713
Sec	Kathleen Sampson	5572 N. Tumbleweed Pl	Boise,	ID	83713

5. Organized Under the Laws of:

IDAHO
C 95797

6. Signature



Date 5/10/04

Name (Typed or Printed)

KATHLEEN M. SAMPSON

Title Sec.

2004073568

Do Not Tape or Staple