

No. C 76851	Due no later than Sep 30, 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 MELLOR CHIROPRACTIC CLINIC, P.A. 54 PROFESSIONAL PLAZA REXBURG, ID 83440		STEPHEN P. MELLOR, D.C. 54 PROFESSIONAL PLAZA REXBURG, ID 83440
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.

Office held Name Street or P.O. Address City State Zip
 Pres. Stephen Mellor 54 Professional Plaza Rexburg Idaho 83440

See Ruth Mellor 429 Lincoln Rexburg Idaho 83440
Ave

5. Organized Under the Laws of: IDAHO C 76851	6. Signature Name <small>(Typed or Printed)</small>	Date 1-30-01 Title Pres
---	---	----------------------------