

ISSUED: 07-05-1994

No. 95797	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994		2. Registered Agent and Office RICHARD P. SAMPSON 1504 E. 1ST STREET																				
Return To  Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080  * FIRST NOTICE * NO FEE REQUIRED	CARE CHIROPRACTIC CLINIC, P.A. RICHARD P. SAMPSON 1504 E. 1ST STREET  MERIDIAN ID 83642		MERIDIAN ID 83642																				
			3. Incorporated Under The Laws of ID VO: 95797																				
4. Names and Addresses of Officers and Directors																							
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: Richard P. Sampson</td> <td>1504 E. 1st St.</td> <td>Meridian</td> <td>ID</td> <td>83642</td> </tr> <tr> <td>Secretary: Kathleen M. Sampson</td> <td>1504 E. 1st St.</td> <td>Meridian</td> <td>ID</td> <td>83642</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President: Richard P. Sampson	1504 E. 1st St.	Meridian	ID	83642	Secretary: Kathleen M. Sampson	1504 E. 1st St.	Meridian	ID	83642	Directors:				
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Directors:																							
5. Nature of Business  Chiropractic Physician		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete Signature <u>Richard P. Sampson</u> Name <small>(Type or Print)</small> Richard P. Sampson, R.N., D.C. Date 7/11/94 Title President																					