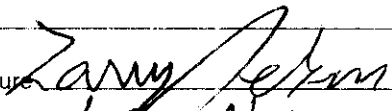
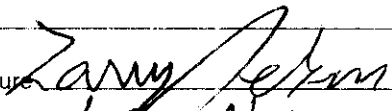
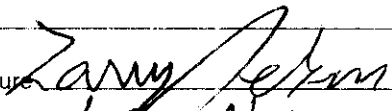


<b>No. C 111185</b>	<b>Due no later than June 30, 2005</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>  LARRY DEAN NELSON DC 2585 CHANNING WY IDAHO FALLS, ID 83404																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  EASTERN IDAHO CHIROPRACTIC CLINIC, LARRY DEAN NELSON DC 2585 CHANNING WY IDAHO FALLS, ID 83404	3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Larry D. Nelson</td> <td>2687 Martin Ct</td> <td>Idaho Falls</td> <td>IN</td> <td>83401</td> </tr> <tr> <td>Secy/treas</td> <td>Melanie W Nelson</td> <td>2687 Martin Ct</td> <td>Idaho Falls</td> <td>ID</td> <td>83401</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Pres	Larry D. Nelson	2687 Martin Ct	Idaho Falls	IN	83401	Secy/treas	Melanie W Nelson	2687 Martin Ct	Idaho Falls	ID	83401
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