

No. C 111185

**Due no later than June 30, 2005**  
**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

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

EASTERN IDAHO CHIROPRACTIC CLINIC,  
LARRY DEAN NELSON DC  
2585 CHANNING WY  
IDAHO FALLS, ID 83404

LARRY DEAN NELSON DC  
2585 CHANNING WY  
IDAHO FALLS, ID 83404

3. New Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres	Larry, D. Nelson	2687 Martin St	Idaho Falls	ID	83401
secy/tras	Melanie, D. Nelson	2687 Martin St	Idaho Falls	ID	83401

5. Organized Under the Laws of:

IDAHO  
C 111185

6.

Signature

Name (Typed or  
Printed)

*Larry Nelson*

Date

4-12-05

Title

Per