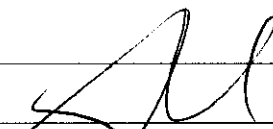


<b>No. C 92838</b>	<b>Due no later than Jul 31, 2002</b>	2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF          RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b> 1. Mailing Address - Correct in this box, if applicable. <b>CHIROPRACTIC ACADEMY OF HOMEOPATHY,</b>  670 HEMPSTEAD AVE  WEST HEMPSTEAD, NY 11552	C C WILCHER 5333 FRANKLIN RD STE B  BOISE, ID 83705  3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Office held</u></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">President</td> <td>Dr. Stacey Stern</td> <td>670 Hempstead Ave</td> <td>West Hempstead</td> <td>NY</td> <td>11552</td> </tr> <tr> <td style="text-align: center;">V.P.S.</td> <td>Dr. Craig Martin</td> <td>271 W. 11th St Apt. 1A</td> <td>NY</td> <td>NY</td> <td>10014</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Dr. Stacey Stern	670 Hempstead Ave	West Hempstead	NY	11552	V.P.S.	Dr. Craig Martin	271 W. 11th St Apt. 1A	NY	NY	10014
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V.P.S.	Dr. Craig Martin	271 W. 11th St Apt. 1A	NY	NY	10014															
5. Organized Under the Laws of:  IDAHO C 92838	6. Signature  Date 6/17/02 Name (Typed or Printed) Dr. Stacey Stern Title President																			