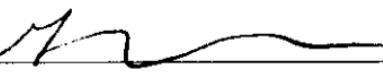


No. C 127062	Due no later than January 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable ANDERSON CHIROPRACTIC CARE, P.A. GEFF D ANDERSON 9632 W EMERALD STE A BOISE, ID 83704		ROBERT C. MONTGOMERY, CHTD 355 W MYRTLE #102 BOISE, ID 83702
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.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres.	GEFF Anderson	9632 W. EMERALD STE A.	Boise	ID.	83704
Sec.	Kathleen Anderson	9632 W. EMERALD STE A	Boise	ID.	83704

5. Organized Under the Laws of: IDAHO C 127062	6. Signature  Name <small>(Typed or Printed)</small> Geff Anderson	Date 1/14/04
		Title Pres