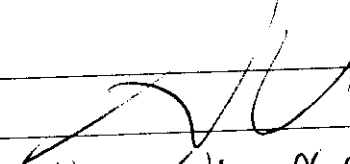


No. <b>C 92838</b>	<b>Due no later than Jul 31, 2003 Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable <b>CHIROPRACTIC ACADEMY OF HOMEOPATHY,  670 HEMPSTEAD AVE  WEST HEMPSTEAD, NY 11552</b>	C C WILCHER 5333 FRANKLIN RD STE B  BOISE, ID 83705																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.		3. New Registered Agent Signature																		
<table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Stacy Stern, D.C., D.N.B.W.C.</td> <td>670 Hempstead Ave</td> <td>West Hempstead</td> <td>NY</td> <td>11552</td> </tr> <tr> <td>V.P.</td> <td>Craig Martin, D.C., D.N.B.W.C.</td> <td>271 Willow St, HA</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>	Pres	Stacy Stern, D.C., D.N.B.W.C.	670 Hempstead Ave	West Hempstead	NY	11552	V.P.	Craig Martin, D.C., D.N.B.W.C.	271 Willow St, HA	NY	NY	10014		
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V.P.	Craig Martin, D.C., D.N.B.W.C.	271 Willow St, HA	NY	NY	10014															
5. Organized Under the Laws of:  IDAHO C 92838	6. Signature  Date <u>7/9/03</u> Name (Typed or Printed) <u>Stacy Stern, D.C., D.N.B.W.C.</u> Title <u>Pres</u>																			