

No. W 30615	Due no later than May 31, 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 NIELSON FAMILY CHIROPRACTIC, L.L.C. 1153 IMPERIAL ST TWIN FALLS, ID 83301		CHAD JAY NIELSON 1153 IMPERIAL ST TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Members. <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>Owner</td> <td>Chad Jay Nielson</td> <td>1153 Imperial St.</td> <td>Twin Falls</td> <td>ID</td> <td>83301</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>	Owner	Chad Jay Nielson	1153 Imperial St.	Twin Falls	ID	83301
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Owner	Chad Jay Nielson	1153 Imperial St.	Twin Falls	ID	83301										
5. Organized Under the Laws of: IDAHO W 30615		6. Signature <u>Chad J. Nielson D.C.</u> Date <u>4-6-05</u> Name (Typed or Printed) <u>Chad Nielson D.C.</u> Title <u>Owner</u>													

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Do Not Tape or Staple

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