

No. C 152881

Due no later than January 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

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

KUNA CHIROPRACTIC FAMILY CARE CENTE
PO BOX 215
KUNA, ID 83634

KEVIN A ROSENlund
333 AVE C #3
KUNA, ID 83634

NO FILING FEE IF
RECEIVED BY DUE DATE

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>
President	Kevin Rosenlund	P.O. Box 215	Kuna	Id	83634

5. Organized Under the Laws of:

IDAHO
C 152881

6.

Signature



Date

11-12-04

Name (Typed or Printed)

Kevin Rosenlund

Title

President