

No. C 108165		Due no later than Oct 31, 2005		2. Registered Agent and Address (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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IRONWOOD CHIROPRACTIC CENTER, P.A. BRADLEY S REED, D.C. 1410 LINCOLN WAY STE 200 COEUR D'ALENE ID 83814 0000		BRADLEY S REED D.C. 1410 LINCOLN WAY STE 200 COEUR D'ALENE ID 83814 0000			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BRADLEY S REED	1410 LINCOLN WAY SUITE 200	COEUR D'ALENE	ID	USA	83814	
SECRETARY	ANDREW T EVENSON	1410 LINCOLN WAY SUITE 200	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of: IDAHO C 108165		6. Annual Report must be signed.* Signature: Bradley S. Reed Name (type or print): Bradley S. Reed Date: 10/27/2005 Title: President					
Processed 10/27/2005		* Electronically provided signatures are accepted as original signatures.					