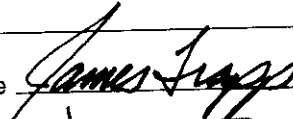
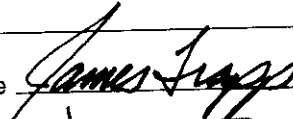
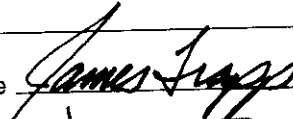


No. W 38803	Due no later than April 30, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX JAMES B TRAPP 355 W MYRTLE STREET STE # 103 BOISE, ID 83702																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable KINETIC CHIROPRACTIC WELLNESS CENTE 355 W MYRTLE STREET STE # 103 BOISE, ID 83702	3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>OWNER</td> <td>DANIEL BUEKHART</td> <td>355 W. MYRTLE STE 103</td> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>OWNER</td> <td>JAMES TRAPP</td> <td>355 W. MYRTLE STE 103</td> <td>BOISE</td> <td>IN</td> <td>83702</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	DANIEL BUEKHART	355 W. MYRTLE STE 103	BOISE	ID	83702	OWNER	JAMES TRAPP	355 W. MYRTLE STE 103	BOISE	IN	83702
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OWNER	JAMES TRAPP	355 W. MYRTLE STE 103	BOISE	IN	83702															
5. Organized Under the Laws of: IDAHO W 38803	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date <u>2-22-06</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>JAMES TRAPP</u> </td> <td> Title <u>OWNER</u> </td> </tr> </table>		Signature 	Date <u>2-22-06</u>	Name (Typed or Printed) <u>JAMES TRAPP</u>	Title <u>OWNER</u>														
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