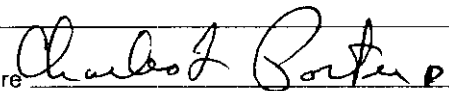


No. C 108659	Due no later than December 31, 2003 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - <u>Correct in this box, if applicable</u> BLUE LAKES CHIROPRACTIC, P.A. 4102 CANYON RIDGE DR N TWIN FALLS, ID 83301	CHARLES L PORTER DC 4102 CANYON RIDGE DR N TWIN FALLS, ID 83301 3. <u>New</u> 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>
Pres:					
	Charles L. Porter, D.C.	153 Blue Lakes Blvd N.	Twin Falls,	Id	83301
Sec:					
	Betty D. Porter	153 Blue Lakes Blvd N.	Twin Falls,	Id	83301

5. Organized Under the Laws of: <div style="text-align: center;">IDAHO C 108659</div>	6.  Signature _____ Date <u>10/08/2003</u> Name <small>(Typed or Printed)</small> <u>Charles L. Porter, D.C.</u> Title <u>Pres.</u>
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