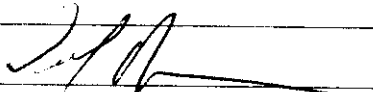


No. W 27949	Due no later than January 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable A+ CHIROPRACTIC, PLLC CARL ANDERSON 1505 S FIVE MILE RD BOISE, ID 83709		CARL ANDERSON 1505 S FIVE MILE RD BOISE, ID 83709 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>President</td> <td>Carl Anderson DC.</td> <td>1505 S Five Mile</td> <td>Boise</td> <td>ID</td> <td>83709</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>	President	Carl Anderson DC.	1505 S Five Mile	Boise	ID	83709
<u>Office held</u>	<u>Name</u>	<u>Street or P. O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
President	Carl Anderson DC.	1505 S Five Mile	Boise	ID	83709										
5. Organized Under the Laws of: IDAHO W 27949	6. Signature  Date <u>11/16/04</u> Name <small>(Type or Print)</small> <u>Carl Anderson DC.</u> Title <u>President</u>														

Issued 11/01/2004

Do Not Tape or Staple

2.00501E+11