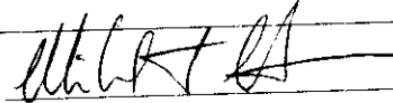


No. C 123906	Due no later than May 31, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HENZE CHIROPRACTIC, P.A. MICHAEL T. HENZE 9390 W OVERLAND RD BOISE, ID 83709		ROBERT C. MONTGOMERY CHTD 2160 S TWIN RAPID WAY BOISE, ID 83709																		
3. New Registered Agent Signature																					
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Office held</u></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">President</td> <td>Michael Henze</td> <td>Same as Above</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Secretary/ Treasurer</td> <td>Tamara Henze</td> <td>Same as Above</td> <td></td> <td></td> <td></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	Michael Henze	Same as Above				Secretary/ Treasurer	Tamara Henze	Same as Above			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>																
President	Michael Henze	Same as Above																			
Secretary/ Treasurer	Tamara Henze	Same as Above																			
5. Organized Under the Laws of: IDAHO C 123906	6. Signature  Name <small>(Typed or Printed)</small> Michael Henze		Date 4/6/04 Title President																		