

No. C 144184	Due no later than June 30, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX JONATHAN ERIC MAIN 3017 N FIVE MILE RD #204 BOISE, ID 83713 317 HAPPY DAY BLVD #170 CALDWELL, ID 83607
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 FULL LIFE CHIROPRACTIC, P.A. 3017 N FIVE MILE RD #204 BOISE, ID 83713 317 HAPPY DAY BLVD #170 CALDWELL, ID. 83607	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>
President Director	Jonathan E. Main	317 Happy Day Blvd #170	Caldwell	ID	83607
Secretary Director	Rosalinda Gallegos	317 Happy Day Blvd #170	Caldwell	ID	83607

5. Organized Under the Laws of: IDAHO C 144184	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature <u>Jonathan E. Main, DC</u></td> <td style="width: 40%;">Date <u>4-20-04</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Jonathan E. Main, DC</u></td> <td>Title <u>President</u></td> </tr> </table>	Signature <u>Jonathan E. Main, DC</u>	Date <u>4-20-04</u>	Name (Typed or Printed) <u>Jonathan E. Main, DC</u>	Title <u>President</u>
Signature <u>Jonathan E. Main, DC</u>	Date <u>4-20-04</u>				
Name (Typed or Printed) <u>Jonathan E. Main, DC</u>	Title <u>President</u>				