No. **W 24369**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF RECEIVED BY DUE DATE

Due no later than May 31, 2005
Annual Report Form

1. Mailing Address - Correct in this box, if applicable

AUSTIN FAMILY CHIROPRACTIC PLLC

~~203 12TH AVE RD STE B~~
3133 S. BAYOU BAR AVE
~~NAMPA, ID 83686~~
MERIDIAN, ID 83642

2. Registered Agent and Office **NO PO BOX**

ADAM AUSTIN DC
~~203 12TH AVE RD STE B~~
3320 E. GALA ST. STE 300
~~NAMPA, ID 83686~~
MERIDIAN ID 83642

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Members.

Office held	Name	Street or P.O. Address	City	State	Zip
MEMBER	ADAM AUSTIN, DC	3133 S. BAYOU BAR AVE.	MERIDIAN	ID	83642
MEMBER	JESSICA AUSTIN, DC	3133 S. BAYOU BAR AVE	MERIDIAN	ID	83642

5. Organized Under the Laws of:

IDAHO
W 24369

6.
Signature [signature] Date 6-8-2005
Name (Type or Print) ADAM AUSTIN, DC Title MEMBER

Issued 06/06/2005 by SLD

Do Not Tape or Staple

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