| No. C 132726                               | Due no later than Feb 28, 2002  | 2. Registered Agent and Office NO PO BOX |
|--|---|--|
| Return to:                                 | Annual Report Form  1. Mailing Address - Correct in this box, if applicable | ROY STRICKLAND                           |
| SECRETARY OF STATE                         |   | 1560 N CRESTMONT DR DTE E                |
| 700 WEST JEFFERSON                         | STRICKLAND FAMILY CHIROPRACTIC, P.A   |  |
| PO BOX 83720                               | 4500 N ORECTMONT DR STE E   | MERIDIAN, ID 83642                       |
| BOISE, ID 83720-0080                       | 1560 N CRESTMONT DR STE E   | New Registered Agent Signature           |
| NO SU DIO SEE IS                           | MERIDIAN, ID 83642  | 3. New Registered Agent Signature        |
| NO FILING FEE IF                           | WENDIAN, ID 65042   |  |
| RECEIVED BY DUE DATE                       |   | 15.                                      |
| <ol> <li>Corporations: Enter Na</li> </ol> | mes and Business Addresses of President, Secretar                           |  |
| Office held Name                           | Street or P.O. Address City   | State Zip                                |
| 0 1 1 0 1                                  | 11. 224 (1) (1) 1   | Idus ID 83(42                            |
| President Kon Strick                       | land LIKS PINETILLS AVE MIEN  | idian In society                         |
|  | Cland 2716 S Pine Flats Ave Men   | W. Z) 83242                              |
| Sections mil Str                           | ickland 2116 Spine Flats Ava Meri   | idian III 6492                           |
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|  | 6.  | 12/                                      |
| 5. Organized Under the Laws of:            |   | 12/12/01                                 |
| IDAHO                                      | Signature   | Date                                     |
|  | Name Printed Koy Strickland   | Title President                          |
| C 132726                                   | Name Printed)   | THE TYPE OF                              |
|  |   |  |