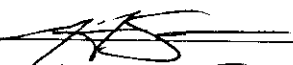
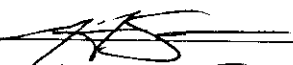
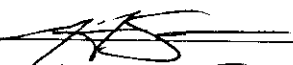


No. C 139299 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jun 30, 2002 Annual Report Form 1. Mailing Address - Correct in this box, if applicable HEALTHQUEST CHIROPRACTIC, P.C. 890 N COLE RD STE B BOISE, ID 83704	2. Registered Agent and Office NO PO BOX JAREN L SAYER 890 N COLE RD STE B BOISE, ID 83704 3. <u>New</u> Registered Agent Signature
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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	Jaren Sayer	890 N. Cole Rd B	Boise	ID	83704
Secretary	Emily Sayer	890 N Cole Rd B	Boise	ID	83704

5. Organized Under the Laws of: IDAHO C 139299	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Signature </td> <td style="width: 15%;">Date <u>4/9/02</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> <u>Jaren Sayer</u></td> <td>Title <u>President</u></td> </tr> </table>	Signature 	Date <u>4/9/02</u>	Name <small>(Typed or Printed)</small> <u>Jaren Sayer</u>	Title <u>President</u>
Signature 	Date <u>4/9/02</u>				
Name <small>(Typed or Printed)</small> <u>Jaren Sayer</u>	Title <u>President</u>				