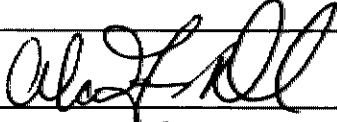


No. C124926	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, if Not Correct		ALAN FOX 834 FALLS AVE #1050 TWIN FALLS ID 83301
	FOX CHIROPRACTIC CLINIC P.A. 834 FALLS AVE #1050 TWIN FALLS ID 83301		3. Organized Under the Laws of: ID C124926
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
President	Alan Fox	834 Falls Ave #1050, Twin Falls, Id.	83301
Secretary	Alan Fox	834 Falls Ave #1050, Twin Falls, Id.	83301
Director	Alan Fox	834 Falls Ave #1050, Twin Falls, Id.	83301
5. Signature of New Registered Agent		6.	
		Signature 	Date <u>7/13/99</u>
		Name <small>(Typed or Printed)</small> <u>Alan Fox</u>	Title <u>President</u>

ISSUED: 07-03-1999

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