

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

1. Mailing Address - Please Correct, If Not Correct

FOX CHIROPRACTIC CLINIC P.A.

834 FALLS AVE #1050

TWIN FALLS ID 83301

ALAN FOX
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

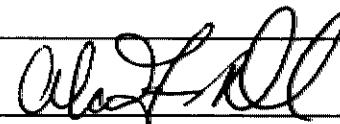
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

| Office held | Name | Street or P.O. Address | City | State | Zip |
|-------------|----------|---|------|-------|-----|
| 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

Name (Typed or
Printed)

Date

7/13/99

Title President

ISSUED: 07-03-1999

3562