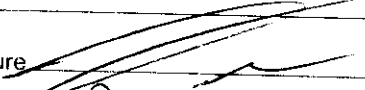


No. C 140726	Due no later than September 30, 2004 Annual Report Form		2. Registered Agent and Office NO PO BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable		LYNN HANSEN 1210 OAKLEY AVE BURLEY, ID 83318																			
	HANSEN CHIROPRACTIC AND NEUROLOGY H LYNN HANSEN 1210 OAKLEY AVE BURLEY, ID 83318																					
3. <u>New</u> Registered Agent Signature																						
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" data-bbox="336 401 1897 795"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Lynn A. Hansen</td> <td>1210 Oakley Ave</td> <td>Burley</td> <td>ID</td> <td>83318</td> </tr> <tr> <td>Secretary</td> <td>Kristine B. Hansen</td> <td>1210 Oakley Ave</td> <td>Burley</td> <td>ID</td> <td>83318</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Lynn A. Hansen	1210 Oakley Ave	Burley	ID	83318	Secretary	Kristine B. Hansen	1210 Oakley Ave	Burley	ID	83318
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Secretary	Kristine B. Hansen	1210 Oakley Ave	Burley	ID	83318																	
5. Organized Under the Laws of: IDAHO C 140726		6. Signature  Date <u>7/14/04</u> Name (Type or Print) <u>Dr. Lynn A. Hansen</u> Title <u>DC, ND</u>																				

Issued 07/01/2004

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