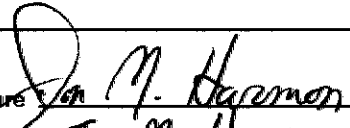


No. <b>C123562</b>	<b>Annual Report Form 1999</b> <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>ROBERT C MONTGOMERY, CH</b> <b>355 W MYRTLE #102</b>  <b>BOISE ID 83702</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>** FINAL NOTICE **</b>	1. Mailing Address - Please Correct, If Not Correct <b>CHIROPRACTIC HEALTH RENEWAL</b>  <b>1106A N COLE RD</b>  <b>BOISE ID 83704</b>		3. Organized Under the Laws of:  <b>ID C123562</b>
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> 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> <u>State</u> <u>Zip</u>
President	Jon M. Harmon	1106A N Cole Rd	Boise ID 83704
Secretary	TONIA HARMON	1106A N. Cole Rd	Boise ID 83704
Director	Jon M. Harmon	1106A N. Cole Rd	Boise ID 83704
5. <u>New</u> Registered Agent Signature		6. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Signature             Name <small>(Typed or Printed)</small> <u>Jon M. Harmon, D.C.</u> </div> <div style="width: 45%;">           Date <u>11-29-99</u>            Title <u>President</u> </div> </div>	

ISSUED: 10-01-1999

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