


No. C 97190	Due no later than January 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX KEVIN G HEARON 3314 N COLE RD BOISE, ID 83704																		
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) BOISE SPORTS CHIROPRACTIC CLINIC P. KEVIN G HEARON 3314 N COLE RD BOISE, ID 83704	3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>KEVIN G. HEARON</td> <td>3314 N. COLE RD.</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>SECRETARY</td> <td>ALISON S. HEARON</td> <td>3314 N. COLE RD.</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	KEVIN G. HEARON	3314 N. COLE RD.	BOISE	ID	83704	SECRETARY	ALISON S. HEARON	3314 N. COLE RD.	BOISE	ID	83704
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>															
PRESIDENT	KEVIN G. HEARON	3314 N. COLE RD.	BOISE	ID	83704															
SECRETARY	ALISON S. HEARON	3314 N. COLE RD.	BOISE	ID	83704															
5. Organized Under the Laws of: IDAHO C 97190	6. Signature  Date <u>1-8-04</u> Name (Typed or Printed) <u>KEVIN G. HEARON</u> Title <u>PRESIDENT</u>																			