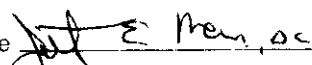
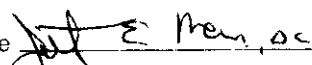
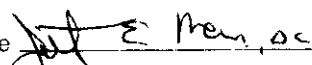


| No. C 144184 | Due no later than June 30, 2005 Annual Report Form | 2. Registered Agent and Office NO PO BOX JONATHAN ERIC MAIN 317 HAPPY DAY BLVD # 170 CALDWELL, ID 83607 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|---------------------|--|--------------------|-------|-----|-----------|----------|-------------------------|----------|----|-------|----------|------|--|--|--|--|-----------|--|--|--|--|--|----------|--|--|--|--|--|----------|-----------|-------------------------|----------|----|-------|-----------|----------|--|--|--|--|
| 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 FULL LIFE CHIROPRACTIC, P.A. 317 HAPPY DAY BLVD # 170 CALDWELL, ID 83607 | 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; width: 15%;">Office held</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>JONATHAN</td> <td>317 Happy Day Blvd #170</td> <td>Caldwell</td> <td>ID</td> <td>83607</td> </tr> <tr> <td>Director</td> <td>MAIN</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Treasurer</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> V.P.</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Director</td> <td>Rosalinda</td> <td>317 Happy Day Blvd #170</td> <td>Caldwell</td> <td>ID</td> <td>83607</td> </tr> <tr> <td>Secretary</td> <td>Gullegas</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | Office held | Name | Street or P.O. Address | City | State | Zip | President | JONATHAN | 317 Happy Day Blvd #170 | Caldwell | ID | 83607 | Director | MAIN | | | | | Treasurer | | | | | | V.P. | | | | | | Director | Rosalinda | 317 Happy Day Blvd #170 | Caldwell | ID | 83607 | Secretary | Gullegas | | | | |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| President | JONATHAN | 317 Happy Day Blvd #170 | Caldwell | ID | 83607 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Director | MAIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Treasurer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| V.P. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Director | Rosalinda | 317 Happy Day Blvd #170 | Caldwell | ID | 83607 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Secretary | Gullegas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO C 144184 | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>4-11-05</u></td> </tr> <tr> <td>Name <small>(Typed or Printed)</small> JONATHAN E. MAIN DC</td> <td>Title <u>Pres.</u></td> </tr> </table> | | Signature  | Date <u>4-11-05</u> | Name <small>(Typed or Printed)</small> JONATHAN E. MAIN DC | Title <u>Pres.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature  | Date <u>4-11-05</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name <small>(Typed or Printed)</small> JONATHAN E. MAIN DC | Title <u>Pres.</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |