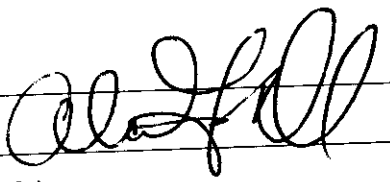


No. C 124926 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Jul 31, 2001 Annual Report Form 1. Mailing Address - Correct in this box, if applicable FOX CHIROPRACTIC CLINIC P.A. 834 FALLS AVE #1050 TWIN FALLS, ID 83301	2. Registered Agent and Office NO PO BOX ALAN FOX 834 FALLS AVE #1050 TWIN FALLS, ID 83301 3. <u>New</u> Registered Agent Signature
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4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
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. Organized Under the Laws of: IDAHO C 124926	6. Signature  Name (Typed or Printed) <u>Alan Fox</u>	Date <u>29 July 07</u> Title: <u>President</u> XXXX
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