

No. <b>C 150588</b>	<b>Due no later than August 31, 2004</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  CAPITAL CITY CHIROPRACTIC, P.A. <del>PO BOX 1007</del> 1604 S. Phillippi, Ste A <del>BOISE, ID 83704</del> Boise, ID 83705		GRETCHEN SLOAT 1604 S PHILLIPPI ST <del>#B</del> Suite A BOISE, ID 83705  3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Gretchen Sloat, DC</td> <td>1604 S. Phillippi, Ste A</td> <td>Boise</td> <td>ID</td> <td>83705</td> </tr> <tr> <td>Secretary</td> <td>Scott Sloat</td> <td>1604 S. Phillippi, Ste A</td> <td>Boise</td> <td>ID</td> <td>83705</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	Gretchen Sloat, DC	1604 S. Phillippi, Ste A	Boise	ID	83705	Secretary	Scott Sloat	1604 S. Phillippi, Ste A	Boise	ID	83705
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5. Organized Under the Laws of:  IDAHO C 150588		6. Signature <u>Gretchen Sloat, DC</u> Date <u>6/11/04</u> Name (Typed or Printed) <u>Gretchen Sloat, DC</u> Title <u>President</u>																			