

No. C 139243

Due no later than May 31, 2005
Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NORTH IDAHO CHIROPRACTIC, P.A.
LUCIA S THOMPSON
PO BOX 3152
COEUR D ALENE, ID 83816

LUCIA S THOMPSON
1109 SHERMAN AVE
COEUR D ALENE, ID 83814

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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	Lucia S Thompson	1109 Sherman Ave	Coeur d'Alene	ID	83814
Secretary	" "	" "	" "	" "	" "

5. Organized Under the Laws of:

IDAHO
C 139243

6.

Signature

Date

3/9/05

Name (Typed or Printed)

Lucia Thompson

Title

President