

No. 68299	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>		DONALD D. RAE 1149 WEST BOISE AVE BOISE ID 83706																									
	BROADWAY CHIROPRACTIC CENTE DONALD D. RAE 1149 WEST BOISE AVE. BOISE ID 83706		3. Incorporated Under The Laws of ID NO: 068299																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></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>DONALD D. RAE</td> <td>128 DOVER W.</td> <td>BOISE</td> <td>ID.</td> <td>83705</td> </tr> <tr> <td>Secretary:</td> <td>MARGARET A. RAE</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	DONALD D. RAE	128 DOVER W.	BOISE	ID.	83705	Secretary:	MARGARET A. RAE	"	"	"	"	Directors:					
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Secretary:	MARGARET A. RAE	"	"	"	"																							
Directors:																												
5. Nature of Business HEALTH SERVICE		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Margaret Ann Rae</td> <td>Date</td> <td>8-16-91</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>MARGARET ANN RAE</td> <td>Title</td> <td>SECRETARY</td> </tr> </table>			Signature	Margaret Ann Rae	Date	8-16-91	Name (Typed or Printed)	MARGARET ANN RAE	Title	SECRETARY																
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