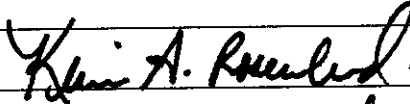


No. <b>C 152881</b>	<b>Due no later than January 31, 2006</b>		2. Registered Agent and Office <b>NO PO BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>Annual Report Form</b>		
	1. Mailing Address - Correct in this box, if applicable		
	KUNA CHIROPRACTIC FAMILY CARE CENTE PO BOX 215 KUNA, ID 83634		KEVIN A ROSENlund 333 AVE C #3 KUNA, ID 83634  3. <u>New</u> Registered Agent Signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
<u>Office held</u> Pres.	<u>Name</u> DR Kevin Rosenlund	<u>Street or P.O. Address</u> PO BOX 215	<u>City</u> KUNA <u>State</u> Id <u>Zip</u> 83634
5. Organized Under the Laws of:			
IDAHO C 152881		6. <u>Signature</u>  <u>Name</u> (Typed or Printed) Kevin Rosenlund	<u>Date</u> 12-9-05 <u>Title</u> CEO

Issued 11/01/2005

Do Not Tape or Staple

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