

No. C 142179	Due no later than Jan 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX VALDEN ELLIS 745 W BRIDGE BLACKFOOT, ID 83221												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ELLIS CHIROPRACTIC, PC Inc. 745 W BRIDGE <i>st suite F</i> BLACKFOOT, ID 83221		3. New Registered Agent Signature 												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>director</td> <td>Valden Ellis</td> <td>745 W. Bridge St. suite F</td> <td>Blackfoot</td> <td>ID</td> <td>83221</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>	director	Valden Ellis	745 W. Bridge St. suite F	Blackfoot	ID	83221
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
director	Valden Ellis	745 W. Bridge St. suite F	Blackfoot	ID	83221										
5. Organized Under the Laws of: IDAHO C 142179		6. Signature <u><i>Valden Ellis</i></u> Date <u>11/7/2002</u> Name <small>(Typed or Printed)</small> <u>Valden Ellis</u> Title <u>director</u>													