

No. C 110996

Due no later than June 30, 2006
Annual Report Form

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

PRESTON CHIROPRACTIC CLINIC, CHARTER
122 N. STATE ST.
PRESTON, ID 83263

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

LEONARD E WARD
145 GAMBLE AVE
PRESTON, ID 83263

3. New Registered Agent Signature

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>
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Pres Leonard Ward 110 N Bear River Bluff Preston ID 83263

Soc/Treas Penny Ward 110 N. Bear River Bluff Preston ID 83263

5. Organized Under the Laws of:

IDAHO
C 110996

6.
Signature

Name
(Typed or
Printed)

Leonard Ward

Date 4/1/06

Title Pres