

No. C 110996	Due no later than June 30, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX LEONARD E WARD 145 GAMBLE AVE PRESTON, ID 83263																		
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, CHARTE 122 N. STATE ST. PRESTON, ID 83263	3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>LEONARD WARD</td> <td>110 N. Bear River Bluff</td> <td>Preston</td> <td>ID</td> <td>83263</td> </tr> <tr> <td>Sec/Treas</td> <td>Perry WARD</td> <td>110 N. Bear River Bluff</td> <td>Preston</td> <td>ID</td> <td>83263</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>	Pres	LEONARD WARD	110 N. Bear River Bluff	Preston	ID	83263	Sec/Treas	Perry WARD	110 N. Bear River Bluff	Preston	ID	83263
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5. Organized Under the Laws of: IDAHO C 110996	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;">Signature <u>Leonard Ward</u></td> <td style="width: 40%;">Date <u>4/14/06</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>LEONARD WARD</u></td> <td>Title <u>Pres</u></td> </tr> </table>		Signature <u>Leonard Ward</u>	Date <u>4/14/06</u>	Name (Typed or Printed) <u>LEONARD WARD</u>	Title <u>Pres</u>														
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