

No. **C 139299**

**Due no later than Jun 30, 2003
Annual Report Form**

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

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable:

HEALTHQUEST CHIROPRACTIC, P.C.

890 N COLE RD STE B

BOISE, ID 83704

JAREN L SAYER
890 N COLE RD STE B

BOISE, ID 83704

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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>
President owner	Jaren L. Sayer	890 N. Cole Rd. B	Boise	1D	83704
Secretary	Emily E. Sayer	"	"	"	"

5. Organized Under the Laws of:

IDAHO
C 139299

6.

Signature

Date

4-16-03

Name

(Typed or Printed)

EMILY SAYER

Title

BUS MGR