No. C 92838		Registered Agent and Office NO PO BOX
Return to:	Annual Report Form	C C WILCHER
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address - Correct in this box. if applicable CHIROPRACTIC ACADEMY OF HOMEOPATHY,	5333 FRANKLIN RD STE B
PO BOX 83720 BOISE, ID 83720-0080	670 HEMPSTEAD AVE	BOISE, ID 83705
NO FILING FEE IF	WEST HEMPSTEAD, NY 11552	3. New Registered Agent Signature
RECEIVED BY DUE DATE		
 Corporations: Enter Na 	mes and Business Addresses of President, Secre	etary and Directors.
PASILY Dr. Stad	Martin 2711, 14h St. GP+14	City Harpstrat My 11552 My 10014
Vieres Dicina	Street or P.O. Address TSkyn 670 Herpstal au Under 1914 1	UA 1001A
J. P. P. S. Organized Under the Laws of:	Martin 271 U. JHL St. GPTYA	10014 10014
	6. Signature	Date 6/1/0/ Title: P.15