

No. C 121274

Due no later than October 31, 2005

## Annual Report Form

Return to:

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

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

STRAWN CHIROPRACTIC, P.A.  
6013 W OVERLAND #103  
BOISE, ID 83709

## 2. Registered Agent and Office NO PO BOX

DAVE STRAWN  
4948 KOENAI STE B  
BOISE, ID 83705NO FILING FEE IF  
RECEIVED BY DUE DATE

## 3. New Registered Agent Signature

## 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

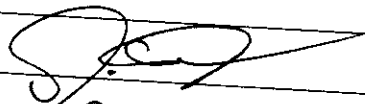
| Office held | Name          | Street or P.O. Address | City  | State | Zip   |
|-------------|---------------|------------------------|-------|-------|-------|
| President   | Dave Strawn   | 6013 W. Overland #103  | Boise | ID    | 83709 |
| Secretary   | Robin McIndoe | 6013 W. Overland #103  | Boise | ID    | 83709 |

## 5. Organized Under the Laws of:

IDAHO  
C 121274

6.

Signature



Date 8-17-05

Name (Typed or Printed)

Dave Strawn

Title President

Issued 08/01/2005

Do Not Tape or Staple

2005-004808