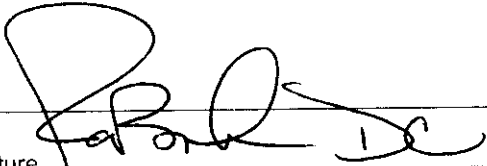


No. <b>C 141662</b>	<b>Due no later than December 31, 2003</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box if applicable  BAKER CHIROPRACTIC CLINIC, P.C. RICK A BAKER PO BOX 1552  SANDPOINT, ID 83864		DR RICK A BAKER 724 PINE ST  SANDPOINT, ID 83864												
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres./owner</td> <td>Rick Baker, DC</td> <td>724 Pine St</td> <td>Sandpoint</td> <td>ID</td> <td>83864</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./owner	Rick Baker, DC	724 Pine St	Sandpoint	ID	83864
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Pres./owner	Rick Baker, DC	724 Pine St	Sandpoint	ID	83864										
5. Organized Under the Laws of:  IDAHO C 141662	6.  Signature _____ Date <u>10-10-03</u> Name (Typed or Printed) <u>RICK A BAKER DC</u> Title <u>PRES/OWNER</u>														