No. **C 136622**	**Due no later than Dec 31, 2009** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
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 needed.** CHIROPRACTIC ARTS, P.A. JEFFREY A PEWE 1305 S FIVE MILE RD BOISE ID 83709	JEFFREY A PEWE 1305 S FIVE MILE RD BOISE ID 83709 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JEFFREY A PEWE	1305 S FIVE MILE RD	BOISE	ID	USA	83709

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 136622**	Signature: Jeffrey A. Pewe	Date: 11/12/2009
	Name (type or print): Jeffrey A. Pewe	Title: President

Processed 11/12/2009

* Electronically provided signatures are accepted as original signatures.