

No. C 121274

Due no later than October 31, 2007  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
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 83709DAVE STRAWN  
4948 KOONENAI STE B  
BOISE, ID 83705NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

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

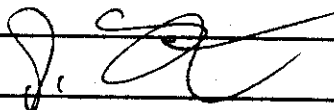
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Dave Strawn	6013 W. Overland #103	Boise	ID	83709
Secretary	Julie Dinger	6013 W. Overland #103	Boise	ID	83709

5. Organized Under the Laws of:

IDAHO  
C 121274

6.

Signature



Date

8-15-07

Name

(Typed or  
Printed)

Dave Strawn

Title

President

Issued 08/02/2007

Do Not Tape or Staple

200710001713