

No. C 142179

Due no later than January 31, 2008
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

ELLIS CHIROPRACTIC, PC
745 W BRIDGE ST STE F
BLACKFOOT, ID 83221

VALDEN ELLIS
745 W BRIDGE
BLACKFOOT, ID 83221

NO FILING FEE IF
RECEIVED BY DUE DATE

3. 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	Valden J. Ellis	745 W. Bridge St F	Blackfoot	ID	83221

5. Organized Under the Laws of:
IDAHO
C 142179

6.

Signature

Valden Ellis

Date

11/9/07

Name

(Typed or
Printed)

Valden J. Ellis

Title

Owner

Issued 11/01/2007

Do Not Tape or Staple

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