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|--|-------------------|--|-------|--|---------|-------------|--|
| No. C 160935 | | Due no later than Jun 30, 2010 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ROBISON CHIROPRACTIC, P.C. WILLIAM P ROBISON 1118 W HUDSON AVE NAMPA ID 83651 | | WILLIAM P ROBISON 1118 W HUDSON AVE NAMPA ID 83651 | | | |
| | | | | 3. <u>New</u> 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 | WILLIAM P ROBISON | 1118 W HUDSON AVE | NAMPA | ID | USA | 83651 | |
| SECRETARY | JODI P ROBISON | 1118 W HUDSON AVE | NAMPA | ID | USA | 83651 | |
| 5. Organized Under the Laws of: ID C 160935 | | 6. Annual Report must be signed.* Signature: William P Robison Name (type or print): William P Robison Date: 04/11/2010 Title: President | | | | | |
| Processed 04/11/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |