

No. C 159581	Due no later than Mar 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. FINANCIAL ALLIANCE FOR CHIROPRACTORS, INC. VINCE COVINO 13965 W CHINDEN BLVD STE 109 BOISE ID 83713 USA		ZANE R STERLING 13965 W CHINDEN BLVD STE 104 BOISE ID 83713			
			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
DIRECTOR	AARON HYMAS	13965 W. CHINDEN BLVD STE 109	BOISE	ID	USA	83713
5. Organized Under the Laws of: ID C 159581	6. Annual Report must be signed.* Signature: Vince Covino Name (type or print): Vince Covino		Date: 04/08/2009 Title: Director			
Processed 04/08/2009		* Electronically provided signatures are accepted as original signatures.				