

No. C 153052

Due no later than February 28, 2009  
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

ROSENBERG CHIROPRACTIC P.C.  
1150 W STATE STE 220  
BOISE, ID 83702

JAMES R ROSENBERG  
1150 W STATE ST STE 220  
BOISE, ID 83702

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>
Pres.	James Rosenberg	1150 W. State St. Ste 220	Boise	ID	83702

5. Organized Under the Laws of:

IDAHO  
C 153052

6.

Signature

Date

12/9/08

Name (Typed or Printed)

James Rosenberg

Title

Pres.

1/2008

Do Not Tape or Staple

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