

No. C 141844		Due no later than Dec 31, 2007 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. ENERGETIC CHIROPRACTIC, PC MICHAEL MORIARTY DC 1003 NORTH ORCHARD BOISE ID 83706		MICHAEL MORIARTY DC 1003 NORTH ORCHARD BOISE ID 83706			
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	MICHAEL M MORIARTY	1003 N ORCHARD	BOISE	ID	USA	83706	
SECRETARY	THERESA MITCHELL	1003 M ORCHARE	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID C 141844		6. Annual Report must be signed.* Signature: Theresa Mitchell Name (type or print): Theresa Mitchell					
		Date: 11/05/2007 Title: Secretary					
Processed 11/05/2007		* Electronically provided signatures are accepted as original signatures.					