

No. C 127062

Due no later than January 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

ANDERSON CHIROPRACTIC CARE, P.A.
GEOFF D ANDERSON
9632 W EMERALD STE A
BOISE, ID 83704ROBERT C. MONTGOMERY, CHTD
2160 S TWIN RAPID WAY
BOISE, ID 83709

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

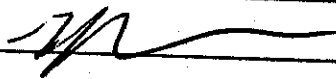
Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	Geoff Anderson	9632 W. EMERALD STE A	BOISE	ID	83704
SEC.	KATHLEEN ANDERSON	9632 W. EMERALD STE A	BOISE	ID	83704

5. Organized Under the Laws of:

IDAHO
C 127062

6.

Signature



Date

1/29/07

Name (Typed or Printed)

GEOFF ANDERSON

Title

PRESIDENT

Issued 11/01/2006

Do Not Tape or Staple

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