

No. C 180259		Due no later than Sep 30, 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. NIPPERT CHIROPRACTIC HEALTH CENTER, P.A. DALLAS J NIPPERT 650 N STATE ST STE 1 SHELLEY ID 83274-4900 USA		AARON W NIPPERT 650 N STATE ST STE 1 SHELLEY ID 83274					
				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			
SECRETARY	DALLAS J NIPPERT	650 N STATE ST STE 1	SHELLEY	ID	USA	83274-4900			
5. Organized Under the Laws of: ID C 180259		6. Annual Report must be signed.* Signature: Dallas Nippert Name (type or print): Dallas Nippert Date: 09/09/2009 Title: Secretary							
Processed 09/09/2009		* Electronically provided signatures are accepted as original signatures.							