

No. C 153052		Due no later than Feb 29, 2012 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. ROSENBERG CHIROPRACTIC P.C. JAMES R ROSENBERG 1150 W STATE STE 220 BOISE ID 83702		JAMES R ROSENBERG 1150 W STATE ST STE 220 BOISE ID 83702			
				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	JAMES R ROSENBERG	1150 W STATE ST STE 220	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID C 153052		6. Annual Report must be signed.* Signature: James Rosenberg Name (type or print): James Rosenberg					
		Date: 12/08/2011 Title: President					
Processed 12/08/2011 * Electronically provided signatures are accepted as original signatures.							