No. C 84396		Du	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. WEISER CHIROPRACTIC CENTER, P.A. ALAN ALAN L. WAITE, D.C. 54 W COURT ST		54 W COUF	ALAN L. WAITE, D.C. 54 W COURT STREET WEISER ID 83672			
NO FILING FEE IF RECEIVED BY DUE DATE		WEISER ID 83672 3. New Registered Agent Signature:*						
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
	ame		Street or PO Address	City	State	Country	Postal Code	
	CHRISTINE L WAITE ALAN L WAITE		841 COUNTY RD. 70 841 COUNTY RD. 70	WEISER WEISER	ID ID	USA USA	83672 83672	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ala		Date: 06/19/2009				
C 84396		Name (type or		Title: President				
Processed 06/19/2009	ed 06/19/2009 * Electronically provided signatures are accepted as original signatures.							