

No. C 124926		Due no later than Jul 31, 2007		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. FOX CHIROPRACTIC CLINIC P.A. DR. ALAN FOX 1126 EASTLAND DR N # 300 TWIN FALLS ID 83301		ALAN FOX 1126 EASTLAND DR N #300 TWIN FALLS ID 83301			
				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	ALAN FOX	1126 EASTLAND DRIVE NORTH #300	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 124926		Signature: Dr. Alan Fox				Date: 07/30/2007	
		Name (type or print): Dr. Alan Fox				Title: President	
Processed 07/30/2007		* Electronically provided signatures are accepted as original signatures.					