

No. C 149327		Due no later than May 31, 2010 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. TOTAL HEALTH CHIROPRACTIC, P.C. CLIFTON C ANDREWS 285 E 4TH N MTN HOME ID 83647		CLIFTON ANDREWS 285 E 4TH N MTN HOME ID 83647			
				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	AMANDA ANDREWS	990 NE UNION ST.	MOUNTAIN HOME	ID	USA	83647	
PRESIDENT	CLIFTON C ANDREWS	990 NE UNION ST.	MOUNTAIN HOME	ID	USA	83647	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 149327		Signature: Clifton C. Andrews				Date: 04/23/2010	
		Name (type or print): Clifton C. Andrews				Title: President	
Processed 04/23/2010		* Electronically provided signatures are accepted as original signatures.					