

No. C 141904		Due no later than Dec 31, 2010		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		Annual Report Form		SHANNON EWING 315 7TH AVE. S. NAMP A ID 83651			
		1. Mailing Address: Correct in this box if needed. GAERTNER CHIROPRACTIC & INTEGRATED MEDICINE CLINIC, P.A. SHANNON GAERTNER-EWING 315 7TH AVE S NAMP A ID 83651		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	CHARLES F EWING	906 E. LOCUST	EMMETT	ID	USA	83617	
PRESIDENT	SHANNON D EWING	906 E. LOCUST	EMMETT	ID	USA	83617	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 141904		Signature: Shannon Ewing			Date: 10/27/2010		
		Name (type or print): Shannon Ewing			Title: President		
Processed 10/27/2010		* Electronically provided signatures are accepted as original signatures.					