

|  |               |  |           |  |         |             |  |
|--|---------------|--|-----------|--|---------|-------------|--|
| No. <b>C 135001</b>  |               | <b>Due no later than Aug 31, 2011</b>  |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>               |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b>  |           | MARK E BELNAP DC<br>521 E HALLIDAY ST<br>POCATELLO ID 83201-6563 |         |             |  |
|  |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>BELNAP CHIROPRACTIC, P.A.<br>TAMI BELNAP<br>521 E HALLIDAY ST<br>POCATELLO ID 83201-6563<br>USA |           | 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  | MARK E BELNAP | 521 E. HALLIDAY  | POCATELLO | ID   | USA     | 83201-6563  |  |
| SECRETARY  | TAMI BELNAP   | 521 E. HALLIDAY  | POCATELLO | ID   | USA     | 83201-6563  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 135001</b>  |               | 6. Annual Report must be signed.*<br>Signature: Tami Belnap<br>Name (type or print): Tami Belnap   |           |  |         |             |  |
| Date: 06/16/2011<br>Title: Secretary   |               |  |           |  |         |             |  |
| Processed 06/16/2011   |               | * Electronically provided signatures are accepted as original signatures.  |           |  |         |             |  |