No.	C 132726	Due no later than February 29, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable STRICKLAND FAMILY CHIROPRACTIC, P.A 1220 N MERIDIAN RD STE A MERIDIAN, ID 83642		ROY STRICKLAND 1560 N CRESTMONT DR DTE E MERIDIAN, ID 83642	
	ING FEE IF VED BY DUE DATE		3	. <u>New</u> Registered A	gent Signature
4. Co	orporations: Enter Nam	es and Business Addresses of President,	Secretary a	and Directors.	
Offic	e held Name	Street or P.O. Address	City	State	Zip
Pre	sident Roy St.	rokland 1220 N. Maridan Rd. trokland 1220 N. Maridan Rd.	Misho	n IO	83642
Seci	return mikos	toroklad 1220 N. Mariston Rdi	//W/M		· 507C
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5. Organ	IDAHO C 132726	Signature Roy Strict on Name Printed	7	Date 7/1	stos
Iss	ued 12/03/2007	Do Not Tape or Staple		20080	2002234