

No. C 140427

Due no later than August 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

TODD R CRAMER
233 W STATE ST STE A
EAGLE, ID 83616

1. Mailing Address - Correct in this box if applicable

EAGLE CRAMER CHIROPRACTIC, P.A.

TODD R CRAMER

233 W STATE ST STE A 440 E. state St, #100
EAGLE, ID 83616

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

Change Address, (we moved)

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Pres	Todd Cramer	440 E. state St. #100	Eagle	ID	83616
V.Pres	Donelle Cramer	440 E. state St #100	Eagle	ID	83616

5. Organized Under the Laws of:

IDAHO
C 140427

6. Signature Todd R. Cramer Date 6-8-07

Name (Type or Printed) Todd R. Cramer Title Owner