No. **C 108659**	**Due no later than Dec 31, 2009** **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.** BLUE LAKES CHIROPRACTIC, P.A. 153 BLUE LAKES BLVD N TWIN FALLS ID 83301	HOWARD R ARRINGTON DC 153 BLUE LAKES BLVD N TWIN FALLS ID 83301 3. New 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	HOWARD R ARRINGTON	951 BALLARD LN	KIMBERLY	ID	USA	83341

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 108659**	Signature: Howard Arrington	Date: 01/04/2010
	Name (type or print): Howard Arrington	Title: President

Processed 01/04/2010

* Electronically provided signatures are accepted as original signatures.