

No. C 123906		Due no later than May 31, 2011 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. HENZE CHIROPRACTIC, P.A. MICHAEL T. HENZE 9211 W OVERLAND RD BOISE ID 83709 USA		ROBERT C. MONTGOMERY CHTD 2160 S TWIN RAPID WAY BOISE ID 83709			
						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	
TREASURER	TAMARA J HENZE	12554 W. SUFFOLK CT.	BOISE	ID	USA	83709- 83709	
PRESIDENT	MICHAEL T HENZE	12554 W SUFFOLK CT	BOISE	ID	USA	83709- 83709	
5. Organized Under the Laws of: ID C 123906		6. Annual Report must be signed.* Signature: Michael T Henze Name (type or print): Michael T Henze					
		Date: 06/07/2011 Title: President					
Processed 06/07/2011 * Electronically provided signatures are accepted as original signatures.							