

No. C 181462	Due no later than Jan 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	1. Mailing Address: Correct in this box if needed. ALPINE CHIROPRACTIC: A CREATING WELLNESS CENTER, P.A. JUSTIN T HAMMON 555 1ST ST IDAHO FALLS ID 83401 USA		JUSTIN HAMMON 555 1ST ST IDAHO FALLS ID 83401				
NO FILING FEE IF RECEIVED BY DUE DATE			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	JUSTIN T HAMMON	555 FIRST STREET	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: ID C 181462	6. Annual Report must be signed.* Signature: Justin Hammon, D.C Name (type or print): Justin Hammon, D.C					Date: 11/30/2010 Title: President	
Processed 11/30/2010	* Electronically provided signatures are accepted as original signatures.						