

No. C 179111	Due no later than Jun 30, 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. PURPOSE DRIVEN CHIROPRACTIC, P.C. JEREMAI HAFER 435 E SHORE DR STE 110 EAGLE ID 83616 USA		JEREMAI HAFER 435 E SHORE DR STE 110 EAGLE ID 83616			
			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
SECRETARY	CHRISTIE HAFER	435 E SHORE DR STE 110	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID C 179111		6. Annual Report must be signed.* Signature: Jeremai Hafer Name (type or print): Jeremai Hafer Date: 07/15/2009 Title: President				
Processed 07/15/2009		* Electronically provided signatures are accepted as original signatures.				