

No. C 186345	Due no later than Feb 28, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) G CRAIG ELLISON 1560 N CRESTMOUNT DR STE G MERIDIAN ID 83642
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ELLISON FAMILY CHIROPRACTIC, INC. G CRAIG ELLISON 1560 N CRESTMOUNT DR STE G MERIDIAN ID 83642		3. <u>New</u> Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	G. Craig Ellison	1560 N. Crestmount Dr.	Meridian	ID	USA	83642
Secretary	Gayle Ellison	same				

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 186345 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <u>Craig Ellison</u> </td> <td style="width: 30%;"> Date: <u>2-18-11</u> </td> </tr> <tr> <td> Name (type or print): <u>Craig Ellison</u> </td> <td> Title: <u>Pres</u> </td> </tr> </table>	Signature: <u>Craig Ellison</u>	Date: <u>2-18-11</u>	Name (type or print): <u>Craig Ellison</u>	Title: <u>Pres</u>
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