

No. <b>C 179429</b>		<b>Due no later than Jul 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  DOWNEY CHIROPRACTIC CLINIC, P.C. DENNIS J DOWNEY 108 EAST PINE ST CALDWELL ID 83605 USA		DENNIS J DOWNEY 108 EAST PINE ST CALDWELL ID 83605			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
DIRECTOR	DENNIS J DOWNEY	108 EAST PINE ST	CALDWELL	ID	USA	83605-4836	
5. Organized Under the Laws of:  <b>ID</b> <b>C 179429</b>		6. Annual Report must be signed.*  Signature: Dennis J Downey Name (type or print): Dennis J Downey					
		Date: 05/13/2010 Title: Director					
Processed 05/13/2010      * Electronically provided signatures are accepted as original signatures.							