

No. C 148295	Due no later than Mar 31, 2009 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ROBIN KING 1523 FAIRVIEW AVE CALDWELL ID 83605														
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. CHIROPRACTIC & REHABILITATION, P.C. ROBIN W KING 1523 FAIRVIEW AVENUE CALDWELL ID 83605		3. New Registered Agent Signature.														
	4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>President</td><td>Robin King</td><td>1523 Fairview Ave</td><td>Caldwell</td><td>ID</td><td>Campan</td><td>83605</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Robin King	1523 Fairview Ave	Caldwell	ID	Campan
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Robin King	1523 Fairview Ave	Caldwell	ID	Campan	83605											
5. Organized Under the Laws of: IDAHO C 148295	6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td>4/6/09</td></tr><tr><td>Name (type or print):</td><td>Robin King</td><td>Title:</td><td>President</td></tr></table>				Signature:		Date:	4/6/09	Name (type or print):	Robin King	Title:	President					
Signature:		Date:	4/6/09														
Name (type or print):	Robin King	Title:	President														

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