No. C 176670		Due no later than Jan 31, 2010		2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			J ADAM CLEVERLY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. IDAHO SPINAL DECOMPRESSION P.A. J ADAM CLEVERLY 329 S WOODRUFF IDAHO FALLS ID 83401			329 S WOODRUFF IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	lames and Busin	ess Addresses of	President, Secretary, and Directors. Trea	asurer (o	ptional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT J ADAM CLEV		VERLY	329 S WOODRUFF AVE		IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: J Adam Cleverly			Date: 11/10/2009			
C 176670		Name (type or print): J Adam Cleverly			Title: President			
Processed 11/10/2009 * Electronically provided signatures are accepted as original signatures.								