

No. C 179429		Due no later than Jul 31, 2011 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		1. Mailing Address: Correct in this box if needed. 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			
NO FILING FEE IF RECEIVED BY DUE DATE				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: ID C 179429		6. Annual Report must be signed.* Signature: Linda Henley Name (type or print): Linda Henley Date: 08/02/2011 Title: Office Manager					
Processed 08/02/2011 * Electronically provided signatures are accepted as original signatures.							