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| No. C 179429 | | Due no later than Jul 31, 2011 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 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 | |
| | | | | 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 PINT 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. | | | |