

No. <b>C 151889</b>	<b>Due no later than Nov 30, 2010 Annual Report Form</b>		2. Registered Agent and Office (NOT A P.O. BOX) <b>JOHN HOLLAND 2086 ADDISON AVE E TWIN FALLS ID 83301</b>	
Return to: <b>SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</b>  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. <b>HOLLAND CHIROPRACTIC &amp; REHABILITATION, P.C.  2086 ADDISON AVE E TWIN FALLS ID 83301</b>		3. <u>New</u> Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
	<i>President John Holland</i>	<i>2086 Addison Ave E</i>	<i>Twin Falls ID</i>	<i>83301</i>
	<i>Vice president Stephanie Holland</i>	<i>SAR</i>		
5. Organized Under the Laws of:  <b>IDAHO C 151889</b>		6. Signature: <i>John Holland</i> <hr/> Name (type or print): <i>John Holland</i>		Date: <i>1/3/11</i> <hr/> Title: <i>President</i>
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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**