

No. C 153080	Due no later than Feb 28, 2010 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CHIROPRACTIC HEALTH CLINIC, P.A. TONIA B HARMON 9161 W BLACK EAGLE DR BOISE ID 83709	JON M HARMON DC 9161 W BLACK EAGLE DR BOISE ID 83709 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
PRESIDENT	JON M HARMON	9161 W BLACK EAGLE DR	BOISE	ID	USA	83709
DIRECTOR	JON M HARMON	9161 W BLACK EAGLE DR	BOISE	ID	USA	83709
TREASURER	TONIA B HARMON	9161 W BLACK EAGLE DR	BOISE	ID	USA	83709
SECRETARY	TONIA B HARMON	9161 W BLACK EAGLE DR	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID C 153080	6. Annual Report must be signed.* Signature: Tonia B Harmon Name (type or print): Tonia B Harmon		Date: 03/04/2010 Title: Business Manager			
Processed 03/04/2010		* Electronically provided signatures are accepted as original signatures.				