

No. C 146436

Due no later than November 30, 2008  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CHIROPRACTIC PAIN RELIEF CLINIC, P.  
RANDALL P PRIEBE  
2025 W PARK PL STE B  
COEUR D'ALENE, ID 83814RANDALL P PRIEBE  
2025 W PARK PL STE B  
COEUR D'ALENE, ID 83814NO FILING FEE IF  
RECEIVED BY DUE DATE3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

| <u>Office held</u> | <u>Name</u>       | <u>Street or P.O. Address</u> | <u>City</u>   | <u>State</u> | <u>Zip</u> |
|--------------------|-------------------|-------------------------------|---------------|--------------|------------|
| President          | Randall P. Priebe | 2025 W. Park Pl., Ste B       | Coeur d'Alene | ID           | 83814      |
| Secretary          | Deanna Priebe     | 2025 W. Park Pl., Ste B       | Coeur d'Alene | ID           | 83814      |

5. Organized Under the Laws of:

IDAHO  
C 146436

6.

Signature Randall P Priebe Date 11-17-08Name (Typed or Printed) Randall P. Priebe Title President

Issued 09/02/2008

Do Not Tape or Staple

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