

No. C 140349		Due no later than Aug 31, 2009		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. CHANDLER CHIROPRACTIC, P.A. THAD CHANDLER 924 3RD ST S STE A NAMPA ID 83657		KATHY CHANDLER 924 3RD ST S STE A 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	THAD J CHANDLER	924 3RD ST. SO. SUITE A	NAMPA	ID	USA	83651	
SECRETARY	KATHY J CHANDLER	924 3RD ST. SO. SUITE A	NAMPA	ID	USA	83651	
5. Organized Under the Laws of: ID C 140349		6. Annual Report must be signed.* Signature: Thad Chandler Name (type or print): Thad Chandler Date: 09/09/2009 Title: President					
Processed 09/09/2009		* Electronically provided signatures are accepted as original signatures.					