

No. C 180061		Due no later than Sep 30, 2010		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. SIRUCEK CHIROPRACTIC NEUROLOGY CLINIC, INC. DAX SIRUCEK 3152 BOWN WAY BOISE ID 83706		DAX SIRUCEK 3152 BOWN WAY BOISE ID 83706			
				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	MARIA TERESA GOMEZ	3152 S. BOWN WAY	BOISE	ID	USA	83706	
DIRECTOR	DAX KENDRICK SIRUCEK	3152 BOWN WAY	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID C 180061		6. Annual Report must be signed.* Signature: Dax K. Sirucek Name (type or print): Dax K. Sirucek Date: 07/09/2010 Title: President/Doctor/Owner					
Processed 07/09/2010		* Electronically provided signatures are accepted as original signatures.					