

No. C 147531

Due no later than February 28, 2009

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

BURKE FAMILY CHIROPRACTIC INTEGRATI
1348 E 17TH ST
IDAHO FALLS, ID 83404

TERRY L BURKE
1348 E 17TH ST
IDAHO FALLS, ID 83404

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

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

Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	Terry L. Burke	1348 E. 17th St	Idaho Falls	ID	83404
Sic	Delores S. Burke				

5. Organized Under the Laws of:

NEVADA
C 147531

6.

Signature

Date

Name (Typed or Printed)

Title

Issued 12/01/2008

Do Not Tape or Staple

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