

No. C 126938		Due no later than Dec 31, 2007		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. GRIFFIN CHIROPRACTIC, P.A. DR JUSTIN D GRIFFIN 2016 S EAGLE RD MERIDIAN ID 83642		DR JUSTIN D GRIFFIN 2016 S EAGLE RD MERIDIAN ID 83642	
				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	JUSTIN D GRIFFIN	2016 S EAGLE RD 2988 S SLATE CREEK	MERIDIAN	ID	USA 83642
5. Organized Under the Laws of: ID C 126938		6. Annual Report must be signed.* Signature: Justin Griffin Name (type or print): Justin Griffin Date: 01/14/2008 Title: President			
Processed 01/14/2008		* Electronically provided signatures are accepted as original signatures.			