No. C 76851		Due no later than Sep 30, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. MELLOR CHIROPRACTIC CLINIC, P.A. STEPHEN P MELLOR 54 PROFESSIONAL PLAZA REXBURG ID 83440		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				54 PROFESS REXBURG II	STEPHEN P. MELLOR, D.C. 54 PROFESSIONAL PLAZA REXBURG ID 83440 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		USA ness Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	C33 / (ddi C33C3 Oi	Street or PO Address	City	State	Country	Postal Code	
	STEPHEN P MELLOR HEATHER HANSEN		429 LINDEN AVENUE 429 LINDEN AVENUE	REXBURG REXBURG	ID ID	USA USA	83440 83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: S		Date: 07/08/2010				
C 76851		Name (type o		Title: President				
Processed 07/08/2010 * Electronically provided signatures are accepted as original signatures.								