

No. <b>C 140427</b>	<b>Due no later than 8/31/2009 Annual Report Form</b>		2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		TODD R CRAMER 233 W STATE ST STE A EAGLE ID 83616  3. <u>New</u> Registered Agent Signature:
	EAGLE CRAMER CHIROPRACTIC, P.A. TODD R CRAMER 440 E STATE ST #100 EAGLE ID 83616		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
Office Held	Name	Street or PO Address	City State Zip
President	Todd R Cramer	440 E State St. #100	Eagle ID 83616
V. President	Denelle R. Cramer	440 E. State St. #100	Eagle ID 83616
5. Organized Under the Laws of:  <b>ID C 140427</b>		6. Annual Report must be signed. Signature: <u>Todd R. Cramer</u> Date: <u>9-15-09</u> Name (type or print): <u>Todd R. Cramer</u> Title: <u>President.</u>	