| No. C 181233 | | Due no later than Dec 31, 2010 | | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------|--|---|----------------|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | CORY LINDSTROM | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. LINDSTROM CHIROPRACTIC P.C. CORY S LINDSTROM 5304 BARKLEY WAY CALDWELL ID 83607 | | | 5304 BARKLEY WAY CALDWELL ID 83607 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Corporations: Enter Na | mes and Busin | ess Addresses of | President, Secretary, and Directors. Trea | asurer (d | optional). | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| PRESIDENT | CORY S LIN | IDSTROM | 5304 BARKLEY WAY | | CALDWELL | ID | USA | 83607 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Cory Lindstrom | | | Date: 01/11/2011 | | | |
| C 181233 | | Name (type or print): Cory Lindstrom | | | Title: President | | | |
| Processed 01/11/2011 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |