No. <b>C 113460</b>		Due no later than Jan 31, 2009			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  TURNER CHIROPRACTIC, P.C.  BRADLEY J TURNER  1736 ADDISON AVE E  TWIN FALLS ID 83301			BRADLEY J TURNER  1736 ADDISON AVE E  TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		oss Addresses (	of Dracidant Corretary, and Directors Transaction	Turor (onti	(optional)			
Office Held	Name	ess Audi esses (	Street or PO Address		ity	State	Country	Postal Code
SECRETARY PRESIDENT	RAQUEL D BRADLEY J		3891 N 3600 E 3891 N 3600 E	KI	MBERLY MBERLY	ID ID	USA USA	83341 83341
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 113460		Signature: Raquel Turner Name (type or print): Raquel Turner			Date: 02/09/2009 Title: Secretary			
Processed 02/09/2009		* Electronically provided signatures are accepted as original signatures.						