

No. C 149327

**Due no later than May 31, 2008
Annual Report Form**

Return to:
**SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080**

**NO FILING FEE IF
RECEIVED BY DUE DATE**

1. Mailing Address - Correct in this box, if applicable

**TOTAL HEALTH CHIROPRACTIC, P.C.
285 E 4TH N
MTN HOME, ID 83647**

2. Registered Agent and Office NO PO BOX

**CLIFTON ANDREWS
285 E 4TH N
MTN HOME, ID 83647**

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Clifton Andrews	285 E. 4TH N.	mtn. Home, ID		83647
Secretary	Amanda Andrews	285 E. 4TH N.	mtn. Home, ID		83647

5. Organized Under the Laws of:

**IDAHO
C 149327**

6. Signature Clifton Andrews Date 3/19/08
Name (Typed or Printed) Clifton Andrews Title President

Issued 03/03/2008

Do Not Tape or Staple

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