

No. C 68299

Due no later than October 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

RAE CHIROPRACTIC CENTER P.A.
DONALD D. RAE
1149 WEST BOISE AVE.
BOISE, ID 83706DONALD D RAE
1149 WEST BOISE AVE
BOISE, ID 83706NO FILING FEE IF
RECEIVED BY DUE DATE3. 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	Donald D. Rae	1149 W. Boise Ave	Boise	ID	83706
Secretary	Margaret A. Rae	1149 W. Boise Ave	Boise	ID	83706

5. Organized Under the Laws of:

IDAHO
C 68299

6.

Signature

Donald D. Rae PC

Date 8/13/07

Name (Typed or Printed)

Donald D. Rae

Title

President

Issued 08/02/2007

Do Not Tape or Staple

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