

No. C 153052	Due no later than Feb 28, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ROSENBERG CHIROPRACTIC P.C. 1150 W STATE STE 220 BOISE ID 83702		JAMES R ROSENBERG 1150 W STATE ST STE 220 BOISE ID 83702			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	JAMES R ROSENBERG	1150 W STATE ST STE 220	BOISE	ID	USA	83702
5. Organized Under the Laws of: ID C 153052	6. Annual Report must be signed.* Signature: James Rosenberg, DC Name (type or print): James Rosenberg, DC		Date: 12/15/2009 Title: Owner			
Processed 12/15/2009		* Electronically provided signatures are accepted as original signatures.				