

No. <b>C 111446</b>		<b>Due no later than Jul 31, 2010</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		ROBERT WARD 2186 COLONIAL LN POCATELLO ID 83201			
		<b>1. Mailing Address: Correct in this box if needed.</b> ROCKY MOUNTAIN RESTORATIVE HEALTH INSTITUTE P.A. ROBERT WARD DC, MD, NMD, CIME PO BOX 3052 POCATELLO ID 83201		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	
DIRECTOR	CAROL A WARD	2186 COLONIAL	POC	ID	USA	83206-3052	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 111446</b>		Signature: Robert Ward Dc, Md, Nmd				Date: 05/13/2010	
		Name (type or print): Robert Ward Dc, Md, Nmd				Title: President	
Processed 05/13/2010		* Electronically provided signatures are accepted as original signatures.					