

No. C 167723

Due no later than Jul 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

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

NELSON CHIROPRACTIC P.A.
3975 BRIARWOOD CICLE
IDAHO FALLS, ID 83404

AARON MARK NELSON
3975 BRIARWOOD CICLE
IDAHO FALLS, ID 83404

3. New Registered Agent Signature

NO FILING FEE IF
RECEIVED BY DUE DATE

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>
Aaron Pres.	Aaron Nelson	3360 South 15th East	Idaho Falls	ID	83404
Sec.	Lana Nelson	" "	" "	" "	" "

5. Organized Under the Laws of:

IDAHO
C 167723

6.

Signature

Aaron Nelson

Date

8/14/07

Name (Typed or Printed)

Aaron Nelson

Title

Pres