No. **C 179429**	**Due no later than Jul 31, 2009** **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.** DOWNEY CHIROPRACTIC CLINIC, P.C. DENNIS J DOWNEY 108 EAST PINE ST CALDWELL ID 83605	DENNIS J DOWNEY 108 EAST PINE ST CALDWELL ID 83605 3. New 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	DENNIS J DOWNEY	108 EAST PINT ST	CALDWELL	ID	USA	83605-4836

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 179429**	Signature: Dennis J Downey	Date: 08/10/2009
	Name (type or print): Dennis J Downey	Title: Director

Processed 08/10/2009

* Electronically provided signatures are accepted as original signatures.