


No. <b>C 123906</b>		<b>Due no later than 5/31/2009 Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1. Mailing Address: Correct in this box if needed. HENZE CHIROPRACTIC, P.A. MICHAEL T. HENZE 9211 W OVERLAND RD BOISE ID 83709		ROBERT C. MONTGOMERY CHTD 2160 S TWIN RAPID WAY BOISE ID 83709	
				3. New Registered Agent Signature:	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.					
Office Held	Name	Street or PO Address	City	State	Zip
PRESIDENT	MICHAEL T. HENZE, D.C.	9211 W. OVERLAND	BOISE	ID	83709
SECRETARY/ TREASURER	TAMARA J. HENZE, D.C.	u u u	u	u	u
5. Organized Under the Laws of: <b>ID</b> <b>C 123906</b>					
6. Annual Report must be signed					
Signature: 		Date: 7/17/09			
Name(type or print): MICHAEL T. HENZE, D.C.		Title: PRESIDENT			