

No. C 144368		Due no later than Jun 30, 2011 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. OAKES CHIROPRACTIC HEALTH CENTER, P.A. DARRELL E OAKES 3183 N COLE RD BOISE ID 83704		DARRELL E OAKES 3183 N COLE RD BOISE ID 83704			
						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	
TREASURER	DEANNA M OAKES	5538 NORTHWALL PL	BOISE	ID	USA	83703	
SECRETARY	DEANNA M OAKES	5538 NORTHWALL PL	BOISE	ID	USA	83703	
PRESIDENT	DARRELL E OAKES	5538 NORTHWALL PL	BOISE	ID	USA	83703	
5. Organized Under the Laws of: ID C 144368		6. Annual Report must be signed.* Signature: Darrell E Oakes Name (type or print): Darrell E Oakes					
		Date: 07/07/2011 Title: President					
Processed 07/07/2011 * Electronically provided signatures are accepted as original signatures.							