

No. <b>C 178268</b>		<b>Due no later than Apr 30, 2009</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  HAUG CHIROPRACTIC CLINIC, P.A. JAMES M HAUG PO BOX 8 GRANGEVILLE ID 83530 USA		JAMES M HAUG 113 S A ST GRANGEVILLE ID 83530			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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
PRESIDENT	JAMES M HAUG	PO BOX 8 113 S A STREET		GRANGEVILLE	ID	USA	83530
5. Organized Under the Laws of:  <b>ID</b> <b>C 178268</b>		6. Annual Report must be signed.*  Signature: James M. Haug Name (type or print): James M. Haug  Date: 05/24/2009 Title: Owner					
Processed 05/24/2009      * Electronically provided signatures are accepted as original signatures.							