No. C 140380	Due no later than August 31, 2007 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	1. Mailing Address - Correct in this box. if applicable ALPINE CHIROPRACTIC CENTER, P.A. JAMES N ANDERSON W 296 SUNSET AVE #15 COEUR D ALENE, ID 83815	JAMES N ANDERSON W 296 SUNSET AVE #15 COEUR D ALENE, ID 83815 3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Alpine Chiropractic Center		W 296 Sunset Ave #15	Cd'A	ID	83815

5. Organized Under the Laws of:	6.
IDAHO C 140380	Signature James N. Anderson, DC Date 8/30/07 Name (Typed or Printed) James Anderson Title President

Issued 06/01/2007

Do Not Tape or Staple

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