

No. C 149327

Due no later than May 31, 2006

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

TOTAL HEALTH CHIROPRACTIC, P.C.
285 E 4TH N
MTN HOME, ID 836472. Registered Agent and Office **NO PO BOX**CLIFTON ANDREWS
285 E 4TH N
MTN HOME, ID 83647**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

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

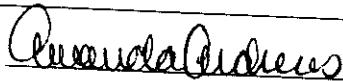
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Clifton Andrews	285 E. 4th N.	Mountain Home	ID	83647
Secretary	Amanda Andrews	285 E. 4th N.	Mountain Home	ID	83647

5. Organized Under the Laws of:

IDAHO
C 149327

6.

Signature



Date 3-13-06

Name (Typed or Printed)

Amanda Andrews

Title

Secretary

Issued 03/01/2006

Do Not Tape or Staple

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