No. **C 168646**	**Due no later than Aug 31, 2009** **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.** WIRICK FAMILY CHIROPRACTIC P.C. BRADY M WIRICK 1542 ELK CREEK DR IDAHO FALLS ID 83404	BRADY M WIRICK 1542 ELK CREEK DR IDAHO FALLS ID 83404 3. New 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
SECRETARY	MICHELLE WIRICK	1542 ELK CREEK DIRVE	IDAHO FALLS	ID	USA	83404
PRESIDENT	BRADY M WIRICK	1542 ELK CREEK DRIVE	IDAHO FALLS	ID	USA	83404

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 168646**	Signature: Brady Wirick	Date: 06/22/2009
	Name (type or print): Brady Wirick	Title: President

Processed 06/22/2009

* Electronically provided signatures are accepted as original signatures.