

No. C 124926	Due no later than Jul 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. FOX CHIROPRACTIC CLINIC P.A. DR. ALAN FOX 1126 EASTLAND DR N # 300 TWIN FALLS ID 83301 USA		ALAN FOX 1126 EASTLAND DR N #300 TWIN FALLS ID 83301			
			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	ALAN FOX	1126 EASTLAND DRIVE NORTH #300	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 124926		6. Annual Report must be signed.* Signature: Alan Fox Name (type or print): Alan Fox Date: 06/18/2009 Title: President				
Processed 06/18/2009		* Electronically provided signatures are accepted as original signatures.				