

No. <b>C 109883</b>	<b>Due no later than Mar 31, 2013</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> HAYDEN LAKE CHIROPRACTIC, P.A. KEVIN R MARSH, D.C. 8235 N CORNERSTONE DR HAYDEN LAKE ID 83835-8683 USA		KEVIN R MARSH 8235 N CORNERSTONE DR HAYDEN LAKE ID 83835-8683			
			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	KEVIN R MARSH	8235 N CORNERSTONE DR	HAYDEN LAKE	ID	USA	83835-8683
SECRETARY	JENNIFER L MARSH	8235 N CORNERSTONE DR	HAYDEN LAKE	ID	USA	83835-8683
5. Organized Under the Laws of:  <b>ID C 109883</b>	6. Annual Report must be signed.* Signature: Kevin Marsh, D.C. Name (type or print): Kevin Marsh, D.C.		Date: 01/18/2013 Title: President			
Processed 01/18/2013		* Electronically provided signatures are accepted as original signatures.				