No. C 178268		Due no later than Apr 30, 2012		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JAMES M HAUG			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HAUG CHIROPRACTIC CLINIC, P.A. JAMES M HAUG PO BOX 8 GRANGEVILLE ID 83530			113 S A ST GRANGEVILLE ID 83530 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
200	imes and Busin	ess Addresses of Presid	dent, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT JAMES M HAUG		AUG	PO BOX 8 113 S A STREET	GRANGEVILLE	ID	USA	83530	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: James . Haug			Date: 03/08/2012			
C 178268		Name (type or print): James . Haug			Title: Owner			
Processed 03/08/2012		* Electronically provided signatures are accepted as original signatures.						