

No. C 108659		Due no later than Dec 31, 2011		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. BLUE LAKES CHIROPRACTIC, P.A. HOWARD R ARRINGTON 1122 EASTLAND DR. N. SUITE #2 TWIN FALLS ID 83301 USA		HOWARD R ARRINGTON DC 1122 EASTLAND DR. N. SUITE #2 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	HOWARD R ARRINGTON	951 BALLARD LN	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 108659		Signature: Howard R Arrington				Date: 01/27/2012	
		Name (type or print): Howard R Arrington				Title: President	
Processed 01/27/2012		* Electronically provided signatures are accepted as original signatures.					