No. <b>C 128513</b>		Due no later than Apr 30, 2013 Annual Report Form  1. Mailing Address: Correct in this box if needed.  SAMS' CHIROPRACTIC, P.C. ROBERT B SAMS 1900 N. LAKES PL. SUITE 100 MERIDIAN ID 83646 USA			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				R BARRY SAMS 1900 N. LAKES PL. SUITE 100 MERIDIAN ID 83646  3. New Registered Agent Signature:*					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).									
Office Held Na	ame		Street or PO Address		City	State	Country	Postal Code	
PRESIDENT RO	ENT ROBERT B SAMS		1900 N. LAKES PL SUITE 100		MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:  ID  C 128513		6. Annual Report must be signed.* Signature: Dr. R. Barry Sams Name (type or print): Dr. R. Barry Sams			Date: 02/13/2013 Title: President				
Processed 02/13/2013	rocessed 02/13/2013 * Electronically provided signatures are accepted as original signatures.								