No. <b>C 128513</b>		Due no later than Apr 30, 2011 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				1900 N. LAKI SUITE 100 MERIDIAN II	R BARRY SAMS 1900 N. LAKES PL. SUITE 100 MERIDIAN ID 83646  3. New Registered Agent Signature:*		
4. Corporations: Enter Nar	nes and Busin	ess Addresses of Presid	lent, Secretary, and Directors. Treasure	er (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
PRESIDENT	ESIDENT 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: R. Barry Sams Name (type or print): R. Barry Sams		Date: 02/16/2011 Title: Owner			
		* Electronically provided signatures are accepted as original signatures.					