

No. <b>C 34163</b>		<b>Due no later than Dec 31, 2012</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>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS, INC. CHARLES P SWAYZE 402 W CANFIELD AVE., STE 3 COEUR D ALENE ID 83815 USA		CHARLES SWAYZE 402 W CANFIELD AVE STE 3 COEUR D ALENE ID 83815		
				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
DIRECTOR	SPENCER HENDERSON	826 BLUE LAKES BLVD N	TWIN FALLS	ID	USA	83301
DIRECTOR	GEORGE FIEGEL	10620 HIGHWAY 12	OROFINO	ID	USA	83544
DIRECTOR	THOMAS BENCK	1970 E 17TH ST., STE 201	IDAHO FALLS	ID	USA	83404
DIRECTOR	STONE FOSTER	1675 N. MAPLE GROVE RD	BOISE	ID	USA	83704
DIRECTOR	BILL HIGGINS	2525 EAST SELTICE WAY	POST FALLS	ID	USA	83854
VICE PRESIDENT	JOE BETZ	3040 N. FIVE MILE RD; SUITE C	BOISE	ID	USA	83704
TREASURER	CHARLES SWAYZE	402 W CANFIELD AVE., STE 3	COEUR D ALENE	ID	USA	83815
SECRETARY	JOAN BURROWS	427 PARK AVENUE	LEWISTON	ID	USA	83501
PRESIDENT	CHAD NEILSON	260 FALLS AVE., STE D	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  <b>ID C 34163</b>		6. Annual Report must be signed.* Signature: Charles Swayze Name (type or print): Charles Swayze  Date: 10/15/2012 Title: Treasurer				
Processed 10/15/2012		* Electronically provided signatures are accepted as original signatures.				