

No. C 171254		Due no later than Feb 28, 2010 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. NIELSON FAMILY CHIROPRACTIC, INC. CHAD J NIELSON 260 FALLS AVE STE D TWIN FALLS ID 83301 USA		CHAD J NIELSON 260 FALLS AVE STE D 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	
SECRETARY	DESTINY L NIELSON	260 FALLS AVE STE D	TWIN FALLS	ID	USA	83301	
PRESIDENT	CHAD J NIELSON	260 FALLS AVE STE D	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 171254		6. Annual Report must be signed.* Signature: Chad J Nielson Name (type or print): Chad J Nielson					
Processed 01/07/2010		* Electronically provided signatures are accepted as original signatures. Date: 01/07/2010 Title: Doctor					