

No. C 143942		Due no later than May 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		1. Mailing Address: Correct in this box if needed. BENNETT CHIROPRACTIC CENTER, P.A. KATHY RENEE BENNETT 923 GRANT ST CALDWELL ID 83605		KATHY RENEE BENNETT 923 GRANT ST CALDWELL ID 83605			
				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	KATHY R BENNETT	923 GRANT ST	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 143942		Signature: Kathy Bennett				Date: 06/13/2011	
		Name (type or print): Kathy Bennett				Title: Owner	
Processed 06/13/2011		* Electronically provided signatures are accepted as original signatures.					