

No. C 143942		Due no later than May 31, 2011 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				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: ID C 143942		6. Annual Report must be signed.* Signature: Kathy Bennett Name (type or print): Kathy Bennett					
		Date: 06/13/2011 Title: Owner					
Processed 06/13/2011 * Electronically provided signatures are accepted as original signatures.							