No. C 118608	Due no later than Mar 31, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		COREY MAT			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.		403 S 11TH STE 110 BOISE ID 83702			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MATTHEWS CHIROPRACTIC, P.C. COREY MATTHEWS 403 S 11TH #110 BOISE ID 83702		BOISE ID 63702			
			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA					
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 ANDREA B	MATTHEWS	1100 ARBOR ISLAND WAY	EAGLE	ID	USA	83616
5. Organized Under the Laws of:	6. Annual Report must be					
ID	Signature: Corey Matt	Date: 01/11/2012				
C 118608	Name (type or print):	Title: Owner				
Processed 01/11/2012	* Electronically provided signatures are accepted as original signatures.					