| No. **C 126938** | **Due no later than Dec 31, 2013**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>GRIFFIN CHIROPRACTIC, P.A.<br>DR JUSTIN D GRIFFIN<br>2016 S EAGLE RD<br>MERIDIAN ID 83642 | DR JUSTIN D GRIFFIN<br>2016 S EAGLE RD<br>MERIDIAN ID 83642<br><br>3. New 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 | JUSTIN D GRIFFIN | 2016 S EAGLE RD 2988 S SLATE CREEK | MERIDIAN | ID | USA | 83642 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**C 126938** | Signature: Justin Griffin | Date: 10/17/2013 |
| | Name (type or print): Justin Griffin | Title: Owner |

Processed 10/17/2013

* Electronically provided signatures are accepted as original signatures.