

No. <b>C 171076</b>		<b>Due no later than Jan 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  HARVEY FAMILY CHIROPRACTIC P.C. NICHOLE Y HARVEY 1209 BROADWAY AVE BOISE ID 83706 USA		DR NICHOLE HARVEY 1209 BROADWAY AVE BOISE ID 83706			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	NICHOLE Y HARVEY	1209 BROADWAY AVE		BOISE	ID	USA	83706
5. Organized Under the Laws of:  <b>ID</b> <b>C 171076</b>		6. Annual Report must be signed.*  Signature: Nichole Harvey Name (type or print): Nichole Harvey  Date: 11/26/2012 Title: President					
Processed 11/26/2012      * Electronically provided signatures are accepted as original signatures.							