No. <b>C 141904</b>		Due no later than Dec 31, 2013		2. Register	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SHANNO	3. <u>New</u> Registered Agent Signature:*			
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.  GAERTNER CHIROPRACTIC & INTEGRATED MEDICINE CLINIC, P.A.  SHANNON GAERTNER-EWING 315 7TH AVE S NAMPA ID 83651		NAMPA				
200		ess Addresses	of President, Secretary, and Directors. Treasu		Chaha	C	De etel Ce de	
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT	CHARLES F SHANNON D		906 E. LOCUST 906 E. LOCUST	EMMETT EMMETT	ID ID	USA USA	83617 83617	
5. Organized Under the Laws of:		6. Annual Rep	port must be signed.*					
ID		Signature: Shanon Gaertner-Ewing			Date: 10/16/2013			
C 141904		Name (type or print): Shanon Gaertner-Ewing			Title: President			
Processed 10/16/2013		* Electronicall	y provided signatures are accepted as original	signatures.				