No. **C 139399**	**Due no later than Jun 30, 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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** LIVINGSTON CHIROPRACTIC, P.C. MARK LIVINGSTON 782 S WOODRUFF IDAHO FALLS ID 83401	MARK LIVINGSTON 782 S WOODRUFF IDAHO FALLS ID 83401 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	MARK LIVINGSTON	782 S. WOODRUFF AVE.	IDAHO FALLS	ID	USA	83401
SECRETARY	DAWN LIVINGSTON	782 S WOODRUFF AVE.	IDAHO FALLS	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 139399**	Signature: Mark Livingston	Date: 04/18/2011
	Name (type or print): Mark Livingston	Title: President

Processed 04/18/2011

* Electronically provided signatures are accepted as original signatures.