

No. C 95797

Due no later than July 31, 2007  
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

CARE CHIROPRACTIC CLINIC, P.A.  
RICHARD P. SAMPSON  
1504 N MAIN ST  
MERIDIAN, ID 83642

RICHARD P. SAMPSON  
1504 E. 1ST STREET  
MERIDIAN, ID 83642  
SOS & MARION

NO FILING FEE IF  
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held	Name	Street or P.O. Address	City	State	Zip
Pres	Richard Sampson	1504 N. MAIN	MERIDIAN	ID	83642
SEC	KATHLEEN SAMPSON	1504 N MAIN	MERIDIAN	ID	83642

5. Organized Under the Laws of:

IDAHO  
C 95797

6.

Signature

*Kathleen M Sampson*

Date

5/22/07

Name

(Typed or Printed)

KATHLEEN M SAMPSON

Title

SEC