

|  |                   |  |       |   |         |                  |  |
|--|-------------------|--|-------|---|---------|------------------|--|
| No. <b>C 127062</b>  |                   | <b>Due no later than Jan 31, 2013</b>  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>                    |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>ANDERSON CHIROPRACTIC CARE, P.A.<br>GEFF D ANDERSON<br>9632 W EMERALD STE A<br>BOISE ID 83704 |       | ROBERT C. MONTGOMERY, CHTD<br>2160 S TWIN RAPID WAY<br>BOISE ID 83709 |         |                  |  |
|  |                   |  |       | 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      |  |
| SECRETARY  | KATHLEEN ANDERSON | 9632 W EMERALD ST SUITE A  | BOISE | ID  | USA     | 83704            |  |
| PRESIDENT  | GEFF ANDERSON     | 9632 W EMERALD ST SUITE A  | BOISE | ID  | USA     | 83704            |  |
| 5. Organized Under the Laws of:  |                   | 6. Annual Report must be signed.*  |       |   |         |                  |  |
| <b>ID<br/>C 127062</b>   |                   | Signature: Geff Anderson   |       |   |         | Date: 02/08/2013 |  |
|  |                   | Name (type or print): Geff Anderson  |       |   |         | Title: President |  |
| Processed 02/08/2013   |                   | * Electronically provided signatures are accepted as original signatures.  |       |   |         |                  |  |