

No. <b>C 127062</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  ANDERSON CHIROPRACTIC CARE, P.A. GEFF D ANDERSON 9632 W EMERALD STE A BOISE ID 83704		ROBERT C. MONTGOMERY, CHTD 2160 S TWIN RAPID WAY 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:  <b>ID</b> <b>C 127062</b>		6. Annual Report must be signed.*  Signature: Geff Anderson Name (type or print): Geff Anderson					
		Date: 02/08/2013 Title: President					
Processed 02/08/2013		* Electronically provided signatures are accepted as original signatures.					