

No. C 139243		Due no later than May 31, 2010 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. NORTH IDAHO CHIROPRACTIC, P.A. LUCIA S THOMPSON PO BOX 3152 COEUR D ALENE ID 83816		LUCIA S THOMPSON 1109 SHERMAN AVE COEUR D'ALENE ID 83814			
						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	
PRESIDENT	LUCIA S THOMPSON	PO BOX 3152	COEUR D'ALENE	ID	USA	83816	
5. Organized Under the Laws of: ID C 139243		6. Annual Report must be signed.* Signature: Lucia S. Thompson Name (type or print): Lucia S. Thompson					
		Date: 03/15/2010 Title: Owner					
Processed 03/15/2010 * Electronically provided signatures are accepted as original signatures.							