No. <b>C 175884</b>		Due no later than Nov 30, 2012		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MICAH RANDALL 10108 W OVERLAND RD STE B BOISE ID 83709			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.						
		CHIROPRACTIC SPINE CARE, INC. MICAH RANDALL 10108 W OVERLAND RD STE B BOISE ID 83709		BOISE ID	BOISE ID 63709			
				3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
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	
DIRECTOR ANDREA B R. PRESIDENT MICAH L RAI			12539 W. HORSHAM DR. 10108 W. OVERLAND RD. STE B	BOISE BOISE	ID ID	USA USA	83709 83709	
THE SECTION OF THE SE	1120/11/ 2 10		10100 W GYENE WE NEI GYE E	50.02		0071	33703	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Micah Randall			Date: 09/17/2012			
C 175884		Name (type or		Title: President				
Processed 09/17/2012	Processed 09/17/2012 * Electronically provided signatures are accepted as original signatures.							