

No. C 181419		Due no later than Jan 31, 2013		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. LEE CHIROPRACTIC, P.A. SUE ANN LEE 196 PARK AVE POCATELLO ID 83201		SUE ANN LEE 196 PARK AVE POCATELLO ID 83201			
				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	SUE ANN LEE	1064 NORTH MINK CREEK	POCATELLO	ID	USA	83204	
PRESIDENT	ROBERT C LEE	1064 NORTH MINK CREEK	POCATELLO	ID	USA	83204	
5. Organized Under the Laws of: ID C 181419		6. Annual Report must be signed.* Signature: Sue Ann Lee Name (type or print): Sue Ann Lee					
Date: 01/14/2013 Title: Secretary							
Processed 01/14/2013		* Electronically provided signatures are accepted as original signatures.					