

No. C 34163		Due no later than Dec 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS, INC. SCOTT CRAWFORD 1109 E POLSTON AVE POST FALLS ID 83854 USA		SCOTT CRAWFORD DC 1109 E POLSTON AVE POST FALLS 83854		
				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
TREASURER	SCOTT CRAWFORD	1109 E POLSTON AVE	POST FALLS	ID	USA	83854
SECRETARY	JOAN BURROWS	427 PARK AVENUE	LEWISTON	ID	USA	83501
VICE PRESIDENT	THOMAS BENCH	1970 E 17TH STREET STE 201	IDAHO FALLS	ID	USA	83404
DIRECTOR	JEREMAI HAFFER	1155 E WINDING CREEK DR	EAGLE	ID	USA	83616
DIRECTOR	GEORGE FIEGEL	10620 HIGHWAY 12	OROFINO	ID	USA	83544
DIRECTOR	MARK GIBSON	PO BOX 252	MARSING	ID	USA	83659
DIRECTOR	STONEY FOSTER	1675 N. MAPLE GROVE RD	BOISE	ID	USA	83704
DIRECTOR	BILL HIGGINS	2525 EAST SELTICE WAY	POST FALLS	ID	USA	83854
PRESIDENT	JOE BETZ	3040 N. FIVE MILE RD; SUITE C	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID C 34163		6. Annual Report must be signed.* Signature: Scott Crawford Name (type or print): Scott Crawford Date: 10/20/2014 Title: Treasurer				
Processed 10/20/2014		* Electronically provided signatures are accepted as original signatures.				