

No. C 34163		Due no later than Dec 31, 2013 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		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 ID 83854			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
PRESIDENT	CHAD NEILSON	260 FALLS AVE., STE D	TWIN FALLS	ID	USA	83301	
DIRECTOR	SPENCER HENDERSON	826 BLUE LAKES BLVD N	TWIN FALLS	ID	USA	83301	
DIRECTOR	GEORGE FIEGEL	10620 HIGHWAY 12	OROFINO	ID	USA	83544	
DIRECTOR	THOMAS BENCK	1970 E 17TH ST., STE 201	IDAHO FALLS	ID	USA	83404	
DIRECTOR	STONEY FOSTER	1675 N. MAPLE GROVE RD	BOISE	ID	USA	83704	
DIRECTOR	BILL HIGGINS	2525 EAST SELTICE WAY	POST FALLS	ID	USA	83854	
VICE 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 Dc Name (type or print): Scott Crawford Dc					
		Date: 12/03/2013 Title: Treasurer					
Processed 12/03/2013		* Electronically provided signatures are accepted as original signatures.					