No. C 34163	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011	2. Registered Agent and Office (NOT A P.O. BOX) CHARLES SWAYZE 402 W CANFIELD AVE STE 3 COEUR D ALENE ID 83815
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS, INC. CHARLES P SWAYZE 402 W CANFIELD AVE., STE 3 COEUR D ALENE ID 83815 USA	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurers.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	DR JON GRAY	1825 PERSIMMON STE. 175	BOISE	ID	USA	83713
VICE PRES.	DR. CHAD NIELSON	260 FALLS AVE. STE B	TWIN FALLS	ID	USA	83301
TREASURER	DR. CHARLES SWAYZE	402 W CANFIELD AVE STE 3	COA	ID		83815
SECRETARY	DR. JENNIFER COFFEY	1015. OAKEY ST. STE A,	SALMON	ID	USA	83467

5. Organized Under the Laws of:	6.
IDAHO C 34163	Signature: [signature] Date: 3/11/2011 Name (type or print): CHARLES SWAYZE Title: TREASURER

Issued 03/18/2011 by DK1