

No. C 128513	Due no later than Apr 30, 2012 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SAMS' CHIROPRACTIC, P.C. ROBERT B SAMS 1900 N. LAKES PL. SUITE 100 MERIDIAN ID 83646 USA		R BARRY SAMS 1900 N. LAKES PL. SUITE 100 MERIDIAN ID 83646			
			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
PRESIDENT	ROBERT B SAMS	1900 N. LAKES PL SUITE 100	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID C 128513		6. Annual Report must be signed.* Signature: Robert B. Sams Name (type or print): Robert B. Sams		Date: 02/08/2012 Title: President		
Processed 02/08/2012		* Electronically provided signatures are accepted as original signatures.				