No. <b>C 122472</b> Return to:		Due no later than Jan 31, 2013 Annual Report Form			Registered Agent and Address (NO PO BOX)     ROBERT C. MONTGOMERY, CHTD.			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  KNOWLES CHIROPRACTIC, P.A.  JOHN RICHARD KNOWLES III  7153 W. EMERALD  BOISE ID 83704		BOISE ID	2160 S TWIN RAPID WAY BOISE ID 83709  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	ames and Busin	ess Addresses of	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	ECRETARY JOHN KNOWLES		7153 W EMERALD ST	BOISE	ID	USA	83704	
TREASURER	JOHN R. KN	IOWLES III	7153 W EMERALD ST	BOISE	ID	USA	83704	
PRESIDENT	JOHN R. KN	IOWLES III	7153 W EMERALD ST	BOISE	ID	USA	83704	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: John R Knowles Iii			Date: 04/02/2013			
C 122472		Name (type o		Title: Ceo				
Processed 04/02/2013 * Electronically provided signatures are accepted as original signatures.								