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|--|------------------|--|------------|---|---------|------------------|--|
| No. C 179078 | | Due no later than Jun 30, 2013 | | 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. RIVER CITY CHIROPRACTIC, INC. SCOTT N CRAWFORD 1109 E POLSTON AVE POST FALLS ID 83854 | | SCOTT N CRAWFORD 1109 E POLSTON AVE POST FALLS ID 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 | |
| PRESIDENT | SCOTT N CRAWFORD | 1109 E POLSTON AVENUE | POST FALLS | ID | USA | 83854 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 179078 | | Signature: Scott Crawford | | | | Date: 04/24/2013 | |
| | | Name (type or print): Scott Crawford | | | | Title: President | |
| Processed 04/24/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |