No. **C 172062**	**Due no later than Mar 31, 2014** **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.** ACTIVE CHIROPRACTIC, P.C. DR JASON WATSON 1521 E BOISE AVE BOISE ID 83706	DR JASON WATSON 1521 E BOISE AVE BOISE ID 83706 3. New 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	JASON WATSON	1521 E BOISE AVE	BOISE	ID	USA	83706

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 172062**	Signature: Jason Watson Name (type or print): Jason Watson	Date: 01/27/2014 Title: President

Processed 01/27/2014

* Electronically provided signatures are accepted as original signatures.