

No. C 148295		Due no later than Mar 31, 2011 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. CHIROPRACTIC & REHABILITATION, P.C. ROBIN W KING 1523 FAIRVIEW AVENUE CALDWELL ID 83605		ROBIN KING 1523 FAIRVIEW AVE CALDWELL ID 83605			
						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	ROBIN W KING	1523 FAIRVIEW AVE	CALDWELL	ID	USA	83605-4609	
5. Organized Under the Laws of: ID C 148295		6. Annual Report must be signed.* Signature: Robin King Name (type or print): Robin King					
		Date: 03/31/2011 Title: President					
Processed 03/31/2011 * Electronically provided signatures are accepted as original signatures.							