No. <b>C 134141</b>		Due no later than May 31, 2011		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			JEFFREY B PEASE			
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.		VI. 1177777777777777777777777777777777777	8275 NORTHVIEW BOISE ID 83704			
		PEASE FAMILY CHIROPRACTIC, P.C. JEFFREY B PEASE DC 8275 NORTHVIEW BOISE ID 83704		BOISE ID	3. New Registered Agent Signature:*			
				3. New Registe				
4. Corporations: Enter	Names and Bus	iness Addresses	of President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	JEFFREY B	PEASE	2796 W. TORANA DR.	MERIDIAN	ID	USA	83646	
SECRETARY	JEFFREY B	PEASE	2796 W. TORANA DR.	MERIDIAN	ID	USA	83646	
PRESIDENT	JEFFREY B	PEASE	2796 W. TORANA DR.	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 134141		Signature:	Jeffrey B. Pease		Date: 06/06/2011			
		Name (type	e or print): Jeffrey B. Pease		Title: President			
Processed 06/06/2011		* Electronically	provided signatures are accepted as origina	Il signatures.				