No. **C 127938**	**Due no later than Mar 31, 2013** **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.** DUDLEY CHIROPRACTIC, P.A. DR TIMOTHY D DUDLEY 404 E PARKCENTER BLVD STE 170 BOISE ID 83706	DR TIMOTHY D DUDLEY 404 E PARKCENTER BLVD STE 170 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	TIMOTHY D DUDLEY	13069 TOWN RIDGE RD	BOSIE	ID	USA	83714

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 127938**	Signature: Krista Mahurin	Date: 01/23/2013
	Name (type or print): Krista Mahurin	Title: Chiropractic Assistant

Processed 01/23/2013

* Electronically provided signatures are accepted as original signatures.