

No. C 121274		Due no later than Oct 31, 2011		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. STRAWN CHIROPRACTIC, P.A. DAVE STRAWN 6013 W OVERLAND #103 BOISE ID 83709		DAVE STRAWN 4948 KOONAI STE B BOISE ID 83705			
				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	
SECRETARY	HEATHER S WHITE	8559 W BEACHSIDE CT	BOISE	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 121274		Signature: David Strawn				Date: 10/24/2011	
		Name (type or print): David Strawn				Title: President	
Processed 10/24/2011		* Electronically provided signatures are accepted as original signatures.					