

No. C 141844	Due no later than Dec 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. ENERGETIC CHIROPRACTIC, PC MICHAEL MORIARTY DC 1003 NORTH ORCHARD BOISE ID 83706 USA		MICHAEL MORIARTY DC 1003 NORTH ORCHARD BOISE ID 83706			
			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	MICHAEL M MORIARTY	1003 N ORCHARD	BOISE	ID	USA	83706
SECRETARY	THERESA MITCHELL	1003 M ORCHARD	BOISE	ID	USA	83706
5. Organized Under the Laws of: ID C 141844	6. Annual Report must be signed.* Signature: Theresa Mitchell Name (type or print): Theresa Mitchell		Date: 01/16/2012 Title: Secretary			
Processed 01/16/2012		* Electronically provided signatures are accepted as original signatures.				