

No. C 95797		Due no later than Jul 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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CARE CHIROPRACTIC CLINIC, P.A. RICHARD P. SAMPSON 1504 N MAIN ST MERIDIAN ID 83642-1707 USA		RICHARD P. SAMPSON 1504 E. 1ST STREET MERIDIAN ID 83642			
				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	KATHLEEN M SAMPSON	1504 N MAIN ST	MERIDIAN	ID	USA	83642-1707	
PRESIDENT	RICHARD P SAMPSON	1504 N MAIN ST	MERIDIAN,	ID	USA	83642-1707	
5. Organized Under the Laws of: ID C 95797		6. Annual Report must be signed.* Signature: Kathleen M Sampson Name (type or print): Kathleen M Sampson Date: 05/19/2011 Title: Secretary					
Processed 05/19/2011		* Electronically provided signatures are accepted as original signatures.					