

No. C 122472	Due no later than Jan 31, 2010 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. KNOWLES CHIROPRACTIC, P.A. JOHN RICHARD KNOWLES III 7153 W. EMERALD BOISE ID 83704		ROBERT C. MONTGOMERY, CHTD. 2160 S TWIN RAPID WAY BOISE ID 83709			
			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	LINDA KNOWLES	5288 N BRIGADOON PL.	MERIDIAN	ID	USA	83646
TREASURER	JOHN R. KNOWLES III	5288 N. BRIGADOON PL.	MERIDIAN	ID	USA	83646
PRESIDENT	JOHN R. KNOWLES III	5288 N. BRIGADOON PL.	MERIDIAN	ID	USA	83646
5. Organized Under the Laws of: ID C 122472	6. Annual Report must be signed.* Signature: Dr. John R. Knowles III Name (type or print): Dr. John R. Knowles III		Date: 03/03/2010 Title: President			
Processed 03/03/2010		* Electronically provided signatures are accepted as original signatures.				