No. **C 135001**	**Due no later than Aug 31, 2012** **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.** BELNAP CHIROPRACTIC, P.A. TAMI BELNAP 521 E HALLIDAY ST POCATELLO ID 83201-6563 USA	MARK E BELNAP DC 521 E HALLIDAY ST POCATELLO ID 83201-6563 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	MARK E BELNAP	521 E. HALLIDAY	POCATELLO	ID	USA	83201-6563
SECRETARY	TAMI BELNAP	521 E. HALLIDAY	POCATELLO	ID	USA	83201-6563

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 135001**	Signature: Tami Belnap	Date: 06/18/2012
	Name (type or print): Tami Belnap	Title: Secretary

Processed 06/18/2012

* Electronically provided signatures are accepted as original signatures.