

No. C 171254	Due no later than Feb 28, 2013 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. NIELSON FAMILY CHIROPRACTIC, INC. CHAD J NIELSON 1330 FILER AVE EAST TWIN FALLS ID 83301 USA		CHAD J NIELSON 1330 FILER AVE EAST TWIN FALLS ID 83301			
			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	DESTINY L NIELSON	1330 FILER AVE EAST	TWIN FALLS	ID	USA	83301
PRESIDENT	CHAD J NIELSON	1330 FILER AVE EAST	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 171254	6. Annual Report must be signed.* Signature: Chad Nielson Name (type or print): Chad Nielson		Date: 01/10/2013 Title: President			
Processed 01/10/2013		* Electronically provided signatures are accepted as original signatures.				