

No. <b>C 127938</b>		<b>Due no later than Mar 31, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  DUDLEY CHIROPRACTIC, P.A. DR TIMOTHY D DUDLEY 404 E PARKCENTER BLVD STE 170 BOISE ID 83706		DR TIMOTHY D DUDLEY 404 E PARKCENTER BLVD STE 170 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	TIMOTHY D DUDLEY	13069 TOWN RIDGE RD	BOSIE	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID</b> <b>C 127938</b>		Signature: Timothy				Date: 01/10/2012	
		Name (type or print): Timothy				Title: Dudley	
Processed 01/10/2012		* Electronically provided signatures are accepted as original signatures.					

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