

No. C 112845	Due no later than Dec 31, 2011 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. PRICE CHIROPRACTIC CENTER, CHARTERED DAVID N PRICE 9508 FAIRVIEW BOISE ID 83704	DAVID N PRICE 9508 FAIRVIEW BOISE ID 83704 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	VALYNN C PRICE	2291 N. GREENVIEW CT	EAGLE	ID	USA	83616
PRESIDENT	DAVID N PRICE	2291 N. GREENVIEW CT	EAGLE	ID	USA	83616
5. Organized Under the Laws of: ID C 112845	6. Annual Report must be signed.* Signature: David N Price Name (type or print): David N Price		Date: 01/10/2012 Title: President			
Processed 01/10/2012		* Electronically provided signatures are accepted as original signatures.				