No. <b>C 133381</b>		Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			CHARLES A BROWN 324 MAIN ST LEWISTON ID 83501  3. New Registered Agent Signature:*		
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CLEARWATER CHIROPRACTIC & ACUPUNCTURE, P.A. SUSAN AUBUCHON 25040 BURROW LANE JULIAETTA ID 83535		LEWISTON II			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Nan	nes and Busin	ess Addresses of Pr	esident, Secretary, and Directors. Treasu	rer (optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
SECRETARY PRESIDENT			15810 COTTON TAIL LANE 25040 BURROW LANE	SAN ANTONIO JULIAETTA	TX ID	USA USA	78255 83535
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 133381		Signature: Susa		Date: 04/26/2012			
		Name (type or p		Title: President			
Processed 04/26/2012 * Electronically provided signatures are accepted as original signatures.							