

No. C 160935		Due no later than Jun 30, 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		1. Mailing Address: Correct in this box if needed. ROBISON CHIROPRACTIC, P.C. WILLIAM P ROBISON 1118 W HUDSON AVE NAMPA ID 83651		WILLIAM P ROBISON 1118 W HUDSON AVE NAMPA ID 83651			
NO FILING FEE IF RECEIVED BY DUE DATE				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	WILLIAM P ROBISON	1118 W HUDSON AVE	NAMPA	ID	USA	83651	
SECRETARY	JODI P ROBISON	1118 W HUDSON AVE	NAMPA	ID	USA	83651	
5. Organized Under the Laws of: ID C 160935		6. Annual Report must be signed.* Signature: William P. Robison Name (type or print): William P. Robison					
		Date: 04/17/2011 Title: President					
Processed 04/17/2011		* Electronically provided signatures are accepted as original signatures.					