No. <b>C 152881</b>		Due no later than Jan 31, 2011		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		KEVIN A	KEVIN A ROSENLUND 675 W 4TH ST KUNA ID 83634			
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.  KUNA CHIROPRACTIC FAMILY CARE CENTER, P.C.  KEVIN A ROSENLUND  PO BOX 215  KUNA ID 83634						
				3. <u>New</u> Regi	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter N	Names and Busin	ess Addresses of I	President, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	KEVIN A RO	DSENLUND	675 W 4TH ST	KUNA	ID	USA	83634	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 152881		Signature: Ke		Date: 12/10/2010				
		Name (type or		Title: President				
Processed 12/10/2010		* Electronically provided signatures are accepted as original signatures.						