Annual report form for C 146436



| No. C 146436 | Due no later than Nov 30, 2009<br>Annual Report Form | 2. Registered Agent and Office (NOT A P.O. BOX)<br>RANDALL P PRIEBE<br>2025 W PARK PL STE B<br>COEUR D'ALENE ID 83814 |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed.<br>CHIROPRACTIC PAIN RELIEF CLINIC, P.A.<br>RANDALL P PRIEBE<br>2025 W PARK PL STE B<br>COEUR D'ALENE ID 83814 | 3. New Registered Agent Signature. |

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer.

| Office Held | Name | Street or PO Address | City | State | Country | Postal Code |
|---|---|---|---|---|---|---|
| President | Randall P. Priebe | 5815 N. Mt. Carroll St. | Dalton Gardens | ID | USA | 83815 |
| secretary | Deanna Priebe | 5815 N. Mt. Carroll St. | Dalton Gardens | ID | USA | 83815 |

| 5. Organized Under the Laws of: | 6. |
|---|---|
| IDAHO<br>C 146436 | Signature: Randall P Priebe Date: 1-14-10<br>Name (type or print): Randall P. Priebe Title: President |

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STATE OF IDAHO

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. Note: **The office** of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a **new** registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of president, secretary, and directors. Note: **Do not** put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.

** The image of this form will be available on the internet once it has been filed. DO **NOT** enter Social Security numbers.

If the Corporation is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the Corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

***POSTMARK DATES WILL NOT BE ACCEPTED***