

No. C 144184		Due no later than Jun 30, 2012		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. FULL LIFE CHIROPRACTIC, P.A. DR. JON MAIN 2300 EVEREST LANE W STE 175 MERIDIAN ID 83646		JONATHAN ERIC MAIN 2300 EVEREST LANE W STE 175 MERIDIAN ID 83646			
				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	ROSALINDA GALLEGOS-MAIN	2300 EVEREST LANE W SUITE #175	MERIDIAN	ID	USA	83646	
PRESIDENT	JONATHAN E MAIN	2300 EVEREST LANE W. SUITE #175	MERIDIAN	ID	USA	83646	
5. Organized Under the Laws of: ID C 144184		6. Annual Report must be signed.* Signature: Jon Main Name (type or print): Jon Main Date: 04/30/2012 Title: President					
Processed 04/30/2012		* Electronically provided signatures are accepted as original signatures.					