No. C 143942		D	ue no later than May 31, 2013	2	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			KATHY RENEE BENNETT			
		1. Mailing Address: Correct in this box if needed. BENNETT CHIROPRACTIC CENTER, P.A. KATHY RENEE BENNETT 1721 S. 10TH AVE. CALDWELL ID 83605			1721 S. 10TH AVE. CALDWELL ID 83605 3. New Registered Agent Signature:*			
4. Corporations: Enter	Names and Busi	iness Addresses o	f President, Secretary, and Directors. Trea	isurer (o	ptional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	KATHY R	BENNETT	1721 S. 10TH AVE.		CALDWELL	ID	USA	83605
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Kathy R. Bennett			Date: 03/15/2013			
C 143942		Name (type or print): Kathy R. Bennett			Title: President			
Processed 03/15/2013	* Electronically provided signatures are accepted as original signatures.							