No. C 181462		Due no later than Jan 31, 2013		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. ALPINE CHIROPRACTIC: A CREATING WELLNESS CENTER, P.A. JUSTIN T HAMMON 1341 E 17TH STREET IDAHO FALLS ID 83404		JUSTIN HAMMON 1341 E 17TH STREET IDAHO FALLS ID 83404 3. New Registered Agent Signature:*				
RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held Na	ame		Street or PO Address		City	State	Country	Postal Code
PRESIDENT JU	ISTIN T H	IAMMON	1341 E 17TH STREET		IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Justin T Hammon			Date: 01/09/2013			
C 181462		Name (type or print): Justin T Hammon			Title: President			
Processed 01/09/2013 * Electronically provided signatures are accepted as original signatures.								