

No. C 143942		Due no later than May 31, 2014		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. BENNETT CHIROPRACTIC CENTER, P.A. KATHY RENEE BENNETT 1721 S. 10TH AVE. CALDWELL ID 83605		KATHY RENEE BENNETT 1721 S. 10TH AVE. CALDWELL ID 83605			
				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	
PRESIDENT	KATHY R BENNETT	1721 S. 10TH AVE.	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of: ID C 143942		6. Annual Report must be signed.* Signature: Kathy R. Bennett D.C. Name (type or print): Kathy R. Bennett D.C.				Date: 04/17/2014 Title: Pres./owner	
Processed 04/17/2014		* Electronically provided signatures are accepted as original signatures.					