

No. C 139243	Due no later than May 31, 2012 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. NORTH IDAHO CHIROPRACTIC, P.A. LUCIA S THOMPSON PO BOX 3152 COEUR D ALENE ID 83816 USA	LUCIA S THOMPSON 1109 E SHERMAN AVE COEUR D'ALENE ID 83814-4154 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	LUCIA S THOMPSON	PO BOX 3152	COEURD'ALENE	ID	USA	83816-2519
5. Organized Under the Laws of: ID C 139243	6. Annual Report must be signed.* Signature: Lucia S Thompson Name (type or print): Lucia S Thompson		Date: 03/12/2012 Title: President			
Processed 03/12/2012		* Electronically provided signatures are accepted as original signatures.				