

No. C 192940	Due no later than Nov 30, 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. PAULA J. MURPHY CHIROPRACTIC INC. PAULA J MURPHY 500 W IDAHO ST STE 250 BOISE ID 83702 USA	PAULA J MURPHY DC 500 W IDAHO ST STE 250 BOISE ID 83702				
		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	PAULA J MURPHY DC	500 W IDAHO ST STE 250	BOISE	ID	USA	83702
5. Organized Under the Laws of: CA C 192940	6. Annual Report must be signed.* Signature: Paula J. Murphy, D.C. Name (type or print): Paula J. Murphy, D.C.		Date: 09/25/2012 Title: President			
Processed 09/25/2012		* Electronically provided signatures are accepted as original signatures.				