

No. <b>C 153080</b>		<b>Due no later than Feb 29, 2012</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> CHIROPRACTIC HEALTH CLINIC, P.A. JON HARMON 9161 W BLACK EAGLE DR BOISE ID 83709		JON M HARMON DC 9161 W BLACK EAGLE DR BOISE ID 83709			
				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	
DIRECTOR	JON M HARMON	9161 W BLACK EAGLE DR	BOISE	ID	USA	83709-1572	
SECRETARY	JON M HARMON	9161 W BLACK EAGLE DR	BOISE	ID	USA	83709-1572	
PRESIDENT	JON M HARMON	9161 W BLACK EAGLE DR	BOISE	ID	USA	83709-1572	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 153080</b>		Signature: Jon M Harmon, DC Name (type or print): Jon M Harmon, DC			Date: 02/21/2012 Title: President		
Processed 02/21/2012		* Electronically provided signatures are accepted as original signatures.					