

No. <b>C 95797</b>		<b>Due no later than Jul 31, 2010</b> <b>Annual Report Form</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>  CARE CHIROPRACTIC CLINIC, P.A. RICHARD P. SAMPSON 1504 N MAIN ST MERIDIAN ID 83642-1707 USA		RICHARD P. SAMPSON 1504 E. 1ST STREET MERIDIAN ID 83642			
						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	
SECRETARY	KATHLEEN M SAMPSON	1504 N MAIN ST	MERIDIAN	ID	USA	83642-1707	
PRESIDENT	RICHARD P SAMPSON	1504 N MAIN ST	MERIDIAN,	ID	USA	83642-1707	
5. Organized Under the Laws of:  <b>ID</b> <b>C 95797</b>		6. Annual Report must be signed.*  Signature: Kathleen M Sampson Name (type or print): Kathleen M Sampson					
Processed 05/20/2010		Date: 05/20/2010 Title: Secretary  * Electronically provided signatures are accepted as original signatures.					