

No. C 171076	Due no later than Jan 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. HARVEY FAMILY CHIROPRACTIC P.C. NICHOLE Y HARVEY 1209 BROADWAY AVE BOISE ID 83706 USA		DR NICHOLE HARVEY 1209 BROADWAY AVE BOISE ID 83706			
			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	NICHOLE Y HARVEY	1209 BROADWAY AVE	BOISE	ID	USA	83706
5. Organized Under the Laws of: ID C 171076		6. Annual Report must be signed.* Signature: Nichole Harvey Name (type or print): Nichole Harvey		Date: 02/06/2012 Title: President		
Processed 02/06/2012		* Electronically provided signatures are accepted as original signatures.				